	PLEASE RE	AD A	LL INST	RUCTION	IS BEFORE C	OMPLET	NG THIS FORM.	*.		
	PLICATION FOR STATEMENT			<b>Glenda E.</b> Secretary of	State					
DOCUMENT# P0000011671  Corporation Name							FILED	<del>-</del> -		
1. Corporat		• • •		•		03 DE	C 15 PH 4: 40			
MERCA	ADO ENTERPRISES	, INC				SECRE	TARY OF STATE,	8. 6 <b>~2</b>	) a>>	
Principal Pla	ace of Business	Mailing Addre	ess	010	me in	BIAILINE		2003		
PO BOX 667505 MIAMI FL 33166			PO BOX 667505 MIAMI FL 33166		***************************************					
•						50	<mark>/0025485</mark> 5 /0301011011	*95 **750	വദ	
2. New Pri	ncipal Office Address, If Applicable		3. New Mailir <b>22</b> 5	ng Office Address, If Applicable 4. Da			te Incorporated or Qualified Do Business in Florida  01/28/2000			
	·	Suite, Apt. #,	etc.		5. FEI Number	er		Applied For		
	Names and Street Addresses of Each Officer and  Name of Officers and/or Directors			AH	<u>H</u>	6.	65-0993943 Not Applicable 88.75 Additional Fee requirements			
Zip 	Country		<sup>Zip</sup> ろろり	10	ADE	CERTIFICATE			icate of Status	
7. Names a	litte(S) and/or Directors				orations must list at lease Street Address of Each Officer and/or Director	- City / St	ate / Zip	· —		
PTD				1512 W FLAGLER ST NO 1512			MIAMI FL 33135			
						- 47				
_		-#- ·*						<del></del>		
				4	sis ·	<u></u>				
									·	
8. Name and Address of Current Registered Agent Name						9. Name and	Address of New Registered	Agent		
	ADO, AXEL R N Flagler St no. 1512				Street Address (	1115	is Not Acceptable)			
	FL 33135				Suite, Apt. #, Etc		7-11 1000	<del></del>	-	
					MAM	LAUES	State		1018 3018	
10. I, being	appointed the registered agent of	the abov	e named corpo	ration, am familia	ar with and accept the o	bligations of Sect	ion 607.0505, F.S. or 617.050	)5, F.S.		
Signature o	it said the									
Registered	Agent	RE	GISTERED AG	ENT MUST SIGI	N	<del></del>	Date			
11. I certify	that I am an officer or director or the	he receiv	er or trustee en	npowered to exec	cute this application as (	provided for in ch	apter 607 or 617, F.S. I furthe	r certify the	at when filing	

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/03

Daytime Phone #