

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY -6 AM 9:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P00000035322

1. Corporation Name

David Merritt Blacksmith, Inc.

2. Principal Office Address

PO Box 1126

3. Mailing Office Address

PO Box 1126

Suite, Apt. #, etc.

S Federal Hwy #139

Suite, Apt. #, etc.

S Federal Hwy #139

City & State

Ft. Lauderdale, Fl.

City & State

Ft. Lauderdale, Fl.

Zip

33316

Country

USA

Zip

33316

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65 0996860

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2002 UBR

7. Name and Address of Current Registered Agent

Name

David Merritt

Street Address (P.O. Box Number is Not Acceptable)

10399 NW 20th Court

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33071

400005988584--2
-05/25/02--01075--020
***150.00 ***150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

David Merritt

Date 5-4-02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	David Merritt	PO Box 1126, S Fed Hwy #139	Ft. Lauderdale, Fl. 33316

10. 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:

David Merritt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-02 954298-4583

Date

Daytime Phone #

CR2E081 (9/01)