

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 MAR 19 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 800000104667

1. Corporation Name

Merca Center, Inc.

REINSTATEMENT

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

696 NE 85th St.

Suite, Apt. #, etc.

Apt# 1

City & State

Miami, FL

Zip

33138

Country

USA

3. Mailing Office Address

480 NE 30th St.

Suite, Apt. #, etc.

101

City & State

Miami, FL

Zip

33137

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/2000

5. FEI Number

651054015

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carmen Redondo

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

480 NE 30th St.

Suite, Apt. #, Etc.

101

City

Miami, FL

State

FL

Zip Code

33137

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Carmen Redondo

REGISTERED AGENT MUST SIGN

Date

3/11/08

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
PD	Jose Humberto Navarro	480 NE 30th St. #101	Miami, FL 33137
VPD	Juan Ardila	480 NE 30th St. #101	Miami, FL 33137

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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 contained in Chapter 119, 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:

J. Navarro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Navarro

3/11/2008

Date

305-573-6522

Daytime Phone #