

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 10f2

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000063123

1. Corporation Name

MERCADO & RENGEL, P.A.

Principal Place of Business

13499 BISCAYNE BLVD., SUITE M2
NORTH MIAMI FL 33181-2035

Mailing Address

13499 BISCAYNE BLVD., SUITE M2
NORTH MIAMI FL 33181-2035



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/2001

5. FEI Number

65-1118490

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	MERCADO, IVAN E	770 CLAUGHTON ISLAND DRIVE STE 2	MIAMI FL 33131
VP	RENGEL, ALEXANDRA	P.O. BOX 310506	MIAMI FL 33231

000008637040
10/28/02--01124--009 **150.00

8. Name and Address of Current Registered Agent

MERCADO, IVAN E
13499 BISCAYNE BLVD., SUITE M2
NORTH MIAMI FL 33181-2035

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/22/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/02

Daytime Phone #

CR2E040 (8/02)

pg 2 of 2

MERCADO & RENGEL, P.A.
ATTORNEYS AT LAW

IVAN E. MERCADO
ALEXANDRA I RENGEL

13499 BISCAYNE BLVD., STE. M2
NORTH MIAMI, FL 33181
FAX: 305.402.8256
TEL: 305.883.4272

ALSO ADMITTED IN MA

October 22, 2002

Division of Corporations
Annual Report/Reinstatement Corporation
PO-Box 6327
Tallahassee, FL 32314

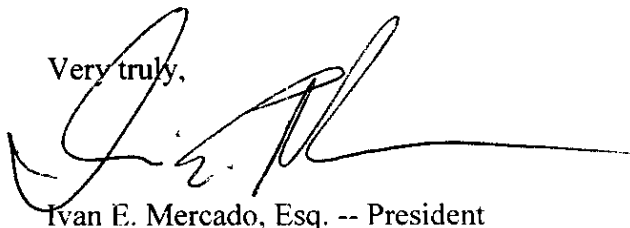
RE: Mercado & Rengel PA
Annual Filing

To whom it may concern:

Enclosed herewith is the Application for Reinstatement and check for \$150.00. I am an officer of the corporation and I hereby certify that we did not receive either of the two uniform business report notices. I have enclosed a copy of a letter that I received from the United States Postal service regarding problems with our mail delivery as a result of a recent address change.

Should you need any additional information do not hesitate to contact me.

Very truly,



Ivan E. Mercado, Esq. -- President

Enc.
IEM/mim