

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 15 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 702000000417

1. Corporation Name

MERLIN'S ENTERPRISES INC

2. Principal Office Address

16375 NE 18th Ave

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

304

Suite, Apt. #, etc.

City & State

N. Miami Beach FL

City & State

Zip

33162

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/02

5. FEI Number

26-0033603

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

ARTHUR SEGA

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

16375 NE 18th Ave

Suite, Apt. #, Etc.

306

City

North Miami Beach

State
FL

Zip Code

33162

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

Arthur Segal

REGISTERED AGENT MUST SIGN

Date

10/11/02

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
Pres.	SINDEE KATZ	16375 NE 18th Ave 304 N. MIAMI BEACH, FL 33162	NORTH MIAMI BEACH FL 33162
V.P.	ARTHUR E SEGA	16375 NE 18th Ave 306	NORTH MIAMI BEACH FL 33162

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:

Arthur Segal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/02 35-940-9101

Daytime Phone #

ARTHUR SEGA VICE PRESIDENT

CR20081 (9/01)

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MERLIN'S ENTERPRISES INC.
16375 NORTHEAST 18TH AVE
SUITE 306
NORTH MIAMI BEACH , FLORIDA 33162
305 - 940-9101
561-434-1732 (FAX)

OCTOBER 11, 2002

UNIFORM BUSINESS REPORT FILINGS
DIVISION OF CORPORATIONS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

TO WHOM IT MAY CONCERN;

ENCLOSED IS OUR CORPORATE REINSTATEMENT FORM ALONG WITH THE FILING FEE OF \$150.00. WE NEVER RECIEVED THE RENEWAL NOTICES. THANK YOU IN ADVANCE FOR OUR PROMPT REINSTATEMENT.

SINCERELY



ARTHUR E. SEGAL
VICE PRESIDENT