


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
03 NOV 14 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P020000009876

1. Corporation Name
Mermelada inc

2. Principal Office Address 221 7th st Suite, Apt. #, etc.		3. Mailing Office Address 221 7th st Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33139	Country USA	Zip 33139	Country USA

800024715319
11/14/03--01074--023 ***158.75

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida
January 2002

5. FEI Number
043615162

6. CERTIFICATE OF STATUS DESIRED ☒ **56.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
Maria J. Valerio

Street Address (P.O. Box Number is Not Acceptable)
1085 94th st

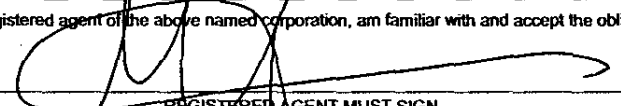
Suite, Apt. #, Etc.
Bay Harbor IS

City
Bay Harbor Island

State
FL

Zip Code
33154

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.

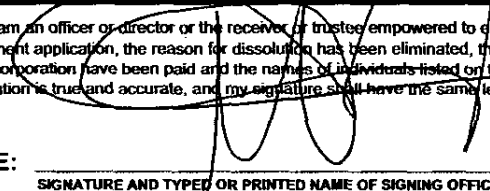
Signature of Registered Agent  **REGISTERED AGENT MUST SIGN**

Date
11/2/03

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
President	Maria Valerio	1085 94th st	Bay harbor IS FL 33154

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date
11/2/03

Daytime Phone #
305 726-8052

CR2081 (10/02)