

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P02000085225*

1. Corporation Name

MERKH INC.

FILED
04 MAY -6 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800033115138

04/20/04--01022--006 **758.75

2. Principal Office Address

*2118 EAST PALMA CIRCLE
WEST PALM BEACH FL 33415*

Suite, Apt. #, etc.

3. Mailing Office Address

*2118 EAST PALMA CIRCLE
WEST PALM BEACH FL 33415*

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

Zip

33415

Country

FLA BEACH

Zip

33415

Country

FLA BEACH

REINSTATEMENT *03-04*

4. Date Incorporated or Qualified
To Do Business in Florida

8/06/02

5. FEI Number

03-0477497

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

Robert W. Merkh

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

2118 EAST PALMA CIRCLE

Suite, Apt. #, Etc.

City

WEST PALM BEACH FLORIDA

State

FL

Zip Code

33415

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

Robert W. Merkh

REGISTERED AGENT MUST SIGN

Date *4/10/04*

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
<i>PD</i>	<i>Merkh, Robert</i>	<i>2118 EAST PALMA CIRCLE</i>	<i>WEST PALM BEACH FL 33415</i>

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:

Robert Merkh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/04

Daytime Phone #

561-252-9398

CR2E081 (10/02)