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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT DIVISION OF CORPORATIONS DIVISION OF CORPORATIONS DOCUMENT # P 6200008 5225 1. Corporation Name MER KH TAC. 2. Principal Office Address WER Address DIVISION OF CORPORATIONS DOCUMENT # P 6200008 5225 1. Corporation Name MER KH TAC. 2. Principal Office Address DIVISION OF CORPORATIONS DOCUMENT # P 6200008 5225 1. Corporation Name MER KH TAC. 2. Principal Office Address DIVISION OF CORPORATIONS DOCUMENT # P 6200008 5225 1. Corporation Name MER KH TAC. 2. Principal Office Address DIVISION OF CORPORATIONS DOCUMENT # P 6200008 5225 1. Corporation Name MER KH TAC. 2. Principal Office Address DIVISION OF CORPORATIONS DOCUMENT # P 6200008 5225 1. Corporation Name MILL AHASSEE, FLORID DOCUMENT # P 620008 5225 2. Principal Office Address DIVISION OF CORPORATIONS DOCUMENT # P 620008 5225 1. Corporation Name DOCUMENT # P 620008 5225 2. Principal Office Address DIVISION OF CORPORATIONS DIVISION OF CORPORATIONS DOCUMENT # P 620008 5225 1. Corporated Office Address DIVISION OF CORPORATIONS DIVISION OF CORPORATIONS	E)A
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2. Principal Office Address 21. Principal Office Address 22. Principal Office Address 23. Principal Office Address 24. Pri	
List Pole Beach H. 33415 Usit Pole Beach H. 33415 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida 8/06/02 City & State City & State Ust Pole 5. FEI Number 03-04775 9. Zip Country Zip Country Beach Beach 6. CERTIFICATE OF STATUS DESIRED X State Name and Address of Current Registered Agent	8.75
City & State City & State Wist-hlm-Bcoih Wist-hlm-Bcoih Zip Country 33415 Path Bcoch Name Robcvt Name Robcvt	B-04
City & State With Mame Zip 33415 Name Rob Cv7 W, McrKh City & State Utst State Utst Adm Bcach H State Utst Adm Bcach H Country	
Zip Country Zip Country OJ=0477497 33415 Raha Bcack 33415 Country G. Certificate of Status desired X Name and Address of Current Registered Agent Name Robert W, Merkh	Applied For
33415 Rohn Beach 33415 Rohn Beach CERTIFICATE OF STATUS DESIRED X OF SCALE	Not Applicable
Name Robert W. Merth	linal feneral land linano (Saluar linano (Saluar linano (Saluar)
Robert W. Merkh	
Street Address (P.O. Box Number is Not Acceptable)	
2/18 East Palma Cincle 06/29/04-01064-004 **14	
Suite, Apt. #, Etc.	
City West Palm Beach Florida State Zip Code FL 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	
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 Mertiff, Robert 2118 EAST Palma Civele West Aslan Beau 33415	
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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 I 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. 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 inform on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: Robert Method SIGNATURE: Robert Method SIGNATURE: Robert Method SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date	