

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 05, 2006 8:00 A.M.**  
**Secretary of State**

**DOCUMENT # P03000012867**

1. Corporation Name

11996-12018 Mercado Mgmt, Inc.

REINSTATEMENT 104-06-

2. Principal Office Address

285 Pelican Way

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Zip  
33483

Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/27/2003

5. EEL Number

55-0868275

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

W. Rodgers Moore, PA

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

1900 Glades Road

Suite, Apt. #, Etc.

Suite 401

City

Boca Raton

State

FL

Zip Code

33431

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

Date 5/30/06

REGISTERED AGENT MUST SIGN

**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	Quincy P. Carvel, II	285 Pelican Way	Delray Beach, FL 33483

900076299769  
06/15/06--01050--015 \*\*458.00

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 contained in Chapter 119, 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

5/30/06

Date

5261-276-9971

Daytime Phone #

282

May 30, 2006

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: 11996-12018 Mercado Mgmt, Inc.  
258 Pelican Way  
Delray Beach, FL 33483

Gentlemen:

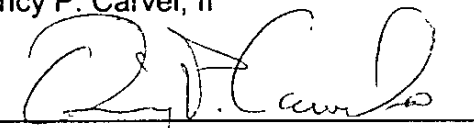
I hereby certify that I did not receive the Annual Report referral form for 2004 and subsequent years.

It appears that our registered agent moved its office in 2004 and that this may have been a contributing factor.

On behalf of our company, I request that you abate the \$600.00 penalty. Enclosed is our check for \$458.00 for the annual report filing fee for 2004, 2005 and 2006 together with the reinstatement request.

Very truly yours,

Quincy P. Carvei, II

By: 

Quincy P. Carvei, II  
President.