


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000125780		
1. Entity Name JAY L. MERRITT CORPORATION		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 18 AM 9:45

REINSTATEMENT 05-06

Principal Place of Business 3730 BROOKMYRA DRIVE ORLANDO, FL 32837 US	Mailing Address 3730 BROOKMYRA DRIVE ORLANDO, FL 32837 US
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01112006 REIN-P CR2E098 (11/05)

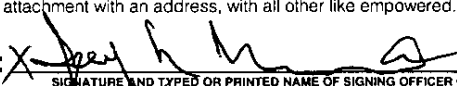
6. Name and Address of Current Registered Agent	
MERRITT, JAY L 3730 BROOKMYRA DRIVE CARRINGTON STE. # 7 ORLANDO, FL 32837	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	MERRITT, JAY L	NAME	400064410484
STREET ADDRESS	3730 BROOKMYRA DRIVE	STREET ADDRESS	01/24/06--01051--017 **300.00
CITY-ST-ZIP	ORLANDO, FL 32837	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	LOPEZ, HERNANDO A	NAME	
STREET ADDRESS	3730 BROOKMYRA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32837	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	GONZALEZ, HENRY C	NAME	
STREET ADDRESS	3730 BROOKMYRA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32837	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	Date: 1-12-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	