

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -9 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO5000024346**

1. Corporation Name

MERILYZ EXPRESS, INC

REINSTATEMENT 06-09

700149333147
04/09/09--01041--020 **600.00
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

91 W. 4TH STREET

Suite, Apt. #, etc.

D

City & State

Hialeah, FL

Zip

33010

Country

U.S

3. Mailing Office Address

91 W. 4TH STREET

Suite, Apt. #, etc.

D

City & State

Hialeah, FL

Zip

33010

Country

U.S

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

26-2353557

☐ 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

Julio del Pino

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

91 W. 4TH STREET

Suite, Apt. #, Etc.

D

City

Hialeah

State

FL

Zip Code

33010

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

4/7/09

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
PSD	Julio del Pino	91 W. 4TH STREET	Hialeah, FL 33010
VPTD	AURELIO del PINO	91 W. 4TH STREET	Hialeah, FL 33010

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:

Julio del Pino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/09

Date

305-4098527

Daytime Phone #

CC 4/10