

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000051401

1. Corporation Name

MERKING TRADE INTERNATIONAL LIMITED, INC.

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

676 W PROSPECT ROAD

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE

Zip

33309

Country

USA

3. Mailing Office Address

676 W PROSPECT ROAD

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE

Zip

33309

Country

USA

REINSTATEMENT 07-201

100164049221
12/30/09--01018--003 **\$600.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/2006

5. FEI Number

20-4815797

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

JOEL MARCUS

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

676 WEST PROSPECT ROAD

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33309

☒ 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

Date 12/28/09

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
P	JOEL MARCUS	676 W PROSPECT ROAD	FORT LAUDERDALE, FL 33309

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

JOEL MARCUS

12/28/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/15