

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT -7 AM 11: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08000035104

1. Corporation Name

MERRITT REPORTING SERVICE

800161429548
10/07/09--01010--002 **150.00

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

9100 SOUTH DADELAND BLVD

3. Mailing Office Address

P.O. BOX 821213

Suite, Apt. #, etc.

1500

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

PEMBROKE PINES FLORIDA

Zip

33156

Country

USA

Zip

33082

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 2008

5. FEI Number
262494646

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

CHANCELOR MERRITT

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

9100 SOUTH DADELAND BLVD

Suite, Apt. #, Etc.

1500

City

MIAMI

State

FL

Zip Code

33156

☒ 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

Chancellor Merritt

REGISTERED AGENT MUST SIGN

Date

9/26/2009

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
PRES	CHANCELOR MERRITT	9100 SOUTH DADELAND BLVD STE 1500	MIAMI FLORIDA 33156

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:

Chancellor Merritt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/26/09

(305) 379-3600

Daytime Phone #