

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P92000004801

FILED
Nov 13, 2009
Secretary of State

Entity Name: MERECAPA OF LEE COUNTY, INC.

Current Principal Place of Business:

1456 VENDEMOME CT
CAPE CORAL, FL 33904

New Principal Place of Business:

1456 VENDOME CT
CAPE CORAL, FL 33904

Current Mailing Address:

1456 VENDEMOME CT
CAPE CORAL, FL 33904

New Mailing Address:

1452 VENDOME CT
CAPE CORAL, FL 33904

FEI Number: 65-0325630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERITAGE TAX & CONSULTING SERVICES INC
11220 METRO PARKWAY .
#3
CAPE CORAL, FL 33966 US

Name and Address of New Registered Agent:

HERITAGE TAX & CONSULTING SERVICES INC
13720 SIX MILE CYPRESS/BEN C. PRATT
#2
FORT MYERS, FL 33912 US

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.

SIGNATURE: DAVE GOLDBERG

11/13/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SEGIET, ROMY
Address: 1456 VENDOME CT
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: SEGIET, ALFRED
Address: 1456 VENDOME CT
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROMY SEGIET

D

11/13/2009

Electronic Signature of Signing Officer or Director

Date