

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

FILED

02 NOV -6 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P92000009822

1. Corporation Name

DE MERCEDES MANAGEMENT INCORPORATED

Principal Place of Business

2540 S MILITARY TR  
WEST PALM BEACH FL 33415

Mailing Address

2540 S MILITARY TR  
WEST PALM BEACH FL 33415

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/04/1992

5. FEI Number

65-0384248

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

D

LIONELLI, GAYLE A

8190 MUIRHEAD CIR

BOYNTON BEACH FL 33437

300008831213

11/06/02--01075--021 \*\*150.00

8. Name and Address of Current Registered Agent

LIONELLI, GAYLE A  
8190 MUIRHEAD CIR  
BOYNTON BEACH FL 33437

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Gayle Lionelli*  
REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10-29-02

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

*Gayle Lionelli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-29-02 564-4947

CR2E040 (8/02)

Oct 29, 2002

Of Mercedes Mgmt Inc.  
2540 S. Military Trail  
W.P.B., Fl. 33415

To Whom It May Concern,

This letter is to inform you I did not receive the U.S.R. notices that you said were sent. I have contacted the W.P.B. Post Office in regards to not receiving all my mail in the last six months. I placed two calls and still having a problem.

Thank You  
Gayle Lonetti