

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*** APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 JUL 13 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000034264

1. Corporation Name **MERRY MEN, INC.**

Principal Place of Business Mailing Address

**13408 SW 68th Terrace
Miami, FL 33183**

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

2. New Principal Office Address, If Applicable
16400 SW 172 Avenue

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

5/11/93

5. FEI Number

65-0430096

Applied For

Not Applicable

City & State
Miami, FL

City & State

Zip
33187

Country
USA

Zip

Country

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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---------------|---|--|---|
| P/S/ T/D | SHERWOOD, EUGENE J. | 16400 SW 172 Avenue | Miami, FL 33187 |
| | | | 200002594152--S -07/21/98--01070--020 ***1350.00 ***1350.00 |
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| | | | |
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8. Name and Address of Current Registered Agent

**SHERWOOD, EUGENE J.
13408 SW 68th Terrace
Miami, FL 33183**

9. Name and Address of New Registered Agent

Name

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

16400 SW 172 Avenue

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33187

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **7/8/98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene J. Sherwood 7/8/98 (305) 388-6533

Date

Daytime Phone #

CR2E040 (1/98)