

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 OCT 13 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P940000 71152**

1. Corporation Name

MERCHANTS DEBIT and CREDIT, INC.

Principal Place of Business

Mailing Address

**2871 SOMERSET DR.
SUITE H-203
LAUDERDALE LAKE, FL. 33311**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

P.O. Box 11851

4. Date Incorporated or Qualified
To Do Business in Florida

SEPT. 26 1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BURKE, VA.

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	JOSEPH M. JERDAK	5010 HEAD CT	FAIRFAX, VA. 22032
TRES.	JOSEPH S. ABDO	3995 BALI CT	WOODBIDGE, VA. 22192

REINSTATEMENT 95-99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

SAMI M. JOURDAK

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

2871 SOMERSET DR.

Suite, Apt. #, Etc.

H-203

City

LAUDERDALE LAKES

State

FL

Zip Code

33311

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

Sami M. Jourdak
REGISTERED AGENT MUST SIGN

Date **10/12/99**

11. This corporation owes 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 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:

JOSEPH JERDAK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/99

Daytime Phone #

(703) 426-1477

CR2001 (12/98)