

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 14 AM 8:00

DOCUMENT # P95000044338

1. Corporation Name

MERCAM, INC.

REINSTATEMENT

03-04
MRS

2. Principal Office Address

239 DUNCAN HILL ROAD

3. Mailing Office Address

239 DUNCAN HILL ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HENDERSONVILLE, NC

City & State

HENDERSONVILLE, NC

Zip

Country

28792

USA

Zip

Country

28792

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/31/1995

5. FEI Number

95-0588800

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

MARK PERRY

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

50 SE 4th AVENUE

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33483

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

REGISTERED AGENT MUST SIGN

Date

4/28/04

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 |
|--------|--------------------------------------|---|-----------------------------|
| P/D | SMITH, PETER | 510 CROOKED CREEK LANE | HENDERSONVILLE, NC 28739 |
| S/T/D | SMITH, JACQUELYNN A. | 510 CROOKED CREEK LANE | HENDERSONVILLE, NC 28739 |
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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 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:

Peter Smith

Peter Smith, President

(828) 692-5551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)