

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 20 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000067295

1. Corporation Name

MERCHANDISING RESOURCES, INC.

2. Principal Office Address

2311 THOMAS STREET

Suite, Apt. #, etc.

City &amp; State

HOLLYWOOD, FL

Zip

33020

Country

USA

3. Mailing Office Address

2311 THOMAS STREET

Suite, Apt. #, etc.

City &amp; State

HOLLYWOOD, FL

Zip

33020

Country

USA

**REINSTATEMENT**4. Date Incorporated or Qualified  
To Do Business in Florida

8/13/96

5. FEI Number

65-0701032

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ~~REINSTATEMENT~~

## 7. Name and Address of Current Registered Agent

Name

BLODIG, GREGORY J. ESQ.

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

100 WEST CYPRESS CREEK ROAD

Suite, Apt. #, Etc.

SUITE 700

City

FT. LAUDERDALE

State  
FLZip Code  
33309

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\*\*\*\*900.00 \*\*\*\*900.00

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 1-10-2000

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
D, CEO, S, T	SCHWARZ, LARRY	2311 THOMAS STREET	HOLLYWOOD, FL 33020
P	TOMBS, TED	2311 THOMAS STREET	HOLLYWOOD, FL 33020

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-00

954-922-2000

KE