

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JAN -31 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P9700080722

1. Corporation Name

MERRICK SERVICES,  
Inc.

#

600039790556  
08/02/04--01069--008 \*\*1650.00

REINSTATEMENT 98-05

2. Principal Office Address

1461 Garden Rd

Suite, Apt. #, etc.

3. Mailing Office Address

1170 LAGUNA SPRINGS DR.

Suite, Apt. #, etc.

City & State

Weston

City & State

Florida

Zip

33326

Country

USA

Zip

33326

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/12/97

5. FEI Number

650780205

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

MICHAEL D MONTAGNE

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

1170 LAGUNA SPRINGS DR.

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33326

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

*Michael D Montagne*  
REGISTERED AGENT MUST SIGN

*Michael D Montagne*  
Date: 1-27-05 / MARCH 15, 2004

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	MICHAEL D. MONTAGNE	1170 LAGUNA SPRINGS DR.	WESTON, FL 33326

700040652647  
02/15/05--01049--004 \*\*150.00

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)(f), 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:

*Michael D Montagne*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael D Montagne*  
Date: 1-27-05 / MARCH 15, 2004

954-629-2481  
Daytime Phone #

CR2E061 (07/04)