

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 FEB -6 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98060004273

1. Corporation Name

Merenmax, Inc.

2. Principal Office Address

2921 Orlando Drive

Suite, Apt. #, etc.

Suite 220

City & State

Sanford, FL

Zip

32773

Country

USA

3. Mailing Office Address

P.O. Box 5357

Suite, Apt. #, etc.

City & State

Deltana, FL

Zip

32128

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/14/98

5. FEI Number

59-3488988

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

Samuel D. Smith

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

2921 Orlando Drive

Suite, Apt. #, Etc.

# 220

City

Sanford

State

FL

Zip Code

32773

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

*Samuel D. Smith*

REGISTERED AGENT MUST SIGN

Date 2-5-02

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
PD	Samuel D. Smith	2921 Orlando Dr. #220	Sanford, FL 32773

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:

*Samuel D. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02

Date

407-324-1178

Daytime Phone #

CR2E081 (9/01)