

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 26 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000009872

1. Corporation Name

MERCY COMMUNITY SERVICE, INC

18905 NW 62 AVE
18905 NW 62 AVE

2. Principal Office Address

18905 NW 62 AVE

3. Mailing Office Address

18905 NW 62 AVE

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

MIAMI LAKE-FLORIDA

City & State

MIAMI LAKE-FLORIDA

Zip

33015

Country

USA

Zip

33015

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 01/30/1998

5. FEI Number

65-0813063

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

MARIE J. BAUTISTA

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

18905 NW 62 AVE

Suite, Apt. #, Etc.

201

City

MIAMI LAKE

State

FL

Zip Code

33015

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

Date 10/19/2004

REGISTERED AGENT MUST SIGN

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	MARIE J. BAUTISTA	18905 NW 62 AVE APT 201	MIAMI LAKE-FL 33015

200042194972
10/26/04 01023 012 **300.00

REINSTATEMENT 03-04

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:

M. Jacqueline Bautista
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/2004

Date

305-469-6913

Daytime Phone #

CR2E081 (01/04)

October 19, 2004

Division of Corporations
Uniform Business Reports
P.O. Box 1500
Tallahassee, Florida 32302-1500

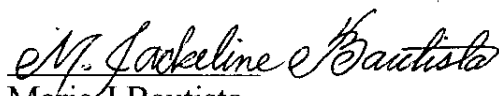
Re: Uniform Business Report
Mercy Community Services, Inc.
Certificate # P 98000009872

Attached please find the Reinstatement Report for the above mentioned corporation and the check in the amount of \$ 300.00 Fees for the years 2003 2004.

Please accept the 300.00 Dollars payment and waive the penalty for being late for the years 2003 and 2004 filing, due to the fact that I did not received the annual renewal report on time to file.

If further information is needed, please contact me.

Sincerely,


Marie J Bautista

18905 NW 62nd Avenue # 201
Miami Lakes, Florida 33015