

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 JUN 24 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98 000050416

1. Corporation Name

MERGERS, ACQUISITIONS & PLACEMENTS, INC.

800006040848--3

-06/26/02--01047--004

****300.00 ****300.00

2. Principal Office Address

2999 NE 191 STREET

Suite, Apt. #, etc.

PANTHOUSE 8

City & State

AURANTURA, FL

Zip

33180

Country

USA

3. Mailing Office Address

SAMRNS 2

Suite, Apt. #, etc.

City & State

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

6-3-1998

5. FEI Number

65-0839602

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

ROY B. ADAMS

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

2999 NE 191 STREET

Suite, Apt. #, Etc.

PANTHOUSE 8

City

AURANTURA, FL

State

FL

Zip Code

33180

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/20/02

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 |
|--------|--------------------------------------|---|---------------------|
| S.P.D | PATRICIA GLOSTEIN | 19955 NE 38 CT. #2604 | AURANTURA, FL 33180 |
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/02
Date

(305) 918-0009
Daytime Phone #

CR2E081 (9/01)