

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02-03

UB FILED

03 MAR 31 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 198000056793

1. Corporation Name

Mercotronic, Inc.

2. Principal Office Address

1887 NW 81st. Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip

33071

Country

Broward

City & State

Zip

Country

500016983285

04/25/03--01001--012 **150.00

4/11/02 90074 008 \$150

4. Date Incorporated or Qualified
To Do Business in Florida

June 25 1998

5. FEI Number

65-0851092

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Pedro Haas

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

1887 NW 81st Ave.

Suite, Apt. #, Etc.

City

Coral Springs

State
FL

Zip Code
33071

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

Pedro Haas

REGISTERED AGENT MUST SIGN

Date

3/27/03

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
Pdt.	Pedro Haas	1887 NW 81st Ave.	Coral Spg. FL 33071
VP	Marcela Haas	1887 NW 81st Ave.	Coral Spg. FL 33071

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:

Pedro Haas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03

Date

Daytime Phone #

954-757-1184

CR2001 (10/02)



1887 NW 81 Ave.
Coral Springs FL 33063 USA
Phone: 954-757-1184
Fax: 954-757-3598

zafz

P98000056793

March 27, 2003

Department Of State
Division of Corporation
Tallahassee

Subject Mercotronic, Inc.
Doc. # P98000056793

Dear Sir or Madam:

Last year I send my annual report whit the correction you asking.

To my surprise, I fund the corporation is inactive.

I send a copy the cancel check # 3684 pay on 04/22/03 to Department of State.

Can you please reactive the Corporation, also I sending the fee for this year and a fee for the Certificate of Status.

If you have any question please call me 954-757-1184

Best Regards and thank you for your Time

A handwritten signature in black ink, appearing to read 'Pedro Haas', with a stylized flourish at the end.

PEDRO HAAS