

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 29 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99 0000 11362

1. Corporation Name

LA MERCED REALTY, INC.

2. Principal Office Address

10442 NW 31 TER

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33172

Country

US

3. Mailing Office Address

10442 NW 31 TER

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33172

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

2-4-1999

5. FEI Number

65-0898419

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

MILOSLAVIC, MIGUEL

500023405325

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

10442 NW 31 TER

09/29/03--01099--002 **150.00

Suite, Apt. #, Etc.

1

City

MIAMI

State

FL

Zip Code

33172

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

REGISTERED AGENT MUST SIGN

Date

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
<u>D,P</u>	<u>MILOSLAVIC, MIGUEL</u>	<u>10442 NW 31 TER.</u>	<u>MIAMI, FL 33172</u>
<u>D,S</u>	<u>COELLO, DANNY</u>	<u>4648 NW 107 AVE #2507</u>	<u>MIAMI, FL 33178</u>

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 1.19.07(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:

DANNY COELLO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-26-03

Daytime Phone #

CR2E081 (10/02)