

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 23 PM 4:57

DOCUMENT # **P99000016240**

1. Corporation Name

MERCO CARGO, INC.

Principal Place of Business

Mailing Address

8572 NW 72 STREET
MIAMI FL 33166

8572 NW 72 STREET
MIAMI FL 33166



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/18/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

~~650895677~~

Not Applicable

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPTS	BRIZUELA, AMADO	1840 SW 85 COURT	MIAMI FL 33155

100003455001--1
-11/07/00--01062--007
****750.00 ****750.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRIZUELA, AMADO
1840 SW 85 COURT
MIAMI FL 33155

Name **AMADO BRIZUELA**
Street Address (P.O. Box Number is Not Acceptable)
~~8572 NW 72 ST~~
Suite, Apt. #, Etc.
City **MIAMI** State **FL** Zip Code **33166**

10. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Handwritten signature
~~SIGNATURE REQUIRED~~
REGISTERED AGENT MUST SIGN

Date **10-19-00**

11. 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 REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten signature
AMADO BRIZUELA

10-19-00 (305) 4638112

Date

Daytime Phone #

CR2E040 (9/00)