## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FQR** REINSTÂTEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** P99000067318

1. Corporation Name

MERT DEEZINE & ILLUSTRATION, INC.

FILED

03 OCT 17 PM 12: 45

SECRETARY OF STATE TALLAHASSEE FLORIDA

Principal Place of Business Mailing				ess						
SUITE L SI			2469 N. JOHN YOUNG PKWY. SUITE L ORLANDO FL 32806							
2476 SILVER STARB				ing Office Address, If Applicable 4. C		Date Incorp.     To Do Busir	Date Incorporated or Qualified     To Do Business in Florida     07/29/1999			
CRIANDO, F/			City & State	Suite, Apt. #, etc. 2476 Silvees Tor RU. City & State ORIANDO Pl			59-3592449		Applied For Not Applicable	
Zip		Country	328	04	untry	l	OF STATUS DESIRED 🗆	\$8.75 Add for a Ce	itional Fee required rtificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
D	SANFORT, AGNES			2469 N. JOHN YOUNG PKWY.			ORLANDO FL 32806	<u>.</u>		
D	SMITH, MERIER			2469 N. JOHN YOUNG PKWY.			ORLANDO FL 32806			
						<u> </u>	0023908: 0301060012	069	00.00	
****						10/17/	U3U1U6UU12		0.00	
	8. Nam	e and Address of Current F	Registered Age	nt		9. Name and	Address of New Register	ed Agent		
				Name 10						
1105 N	, MERCIER I. PINE HILL IDO FL 3280	<del>-</del> -		Street Address (P.O. Box Number is Not Acceptable)  A 4 16 Si VER SIAR  Suite, Apt. #, Etc.  City 0 2 2 State   Zip Code						
10   being	appointed the	e registered agent of the sho	ve named como	ration am familia	ation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.					
io. i, being	appointed the	Togastered agent of the above	re nameu corpo	· · ·		· — ~	on 607.0303, F.S. or 617.0	ngsa ga	g o l'apre l'apre l'apre de l'apre d	
Signature of Registered Agent SIGNATURE REGISTERED A					WRED '		Date	<u>3-0</u>	03	
11. I certify this rein	that I am an o	fficer or director or the receiv	er or trustee en lution has been	npowered to exec eliminated, the co	cute this application as p	rovided for in cha the requirements	upter 607 or 617, F.S. I furt of section 607.0401 or 617	her certify 7.0401, F.S	that when filing	

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.

Phone: 407-532-4777 Fax: 407-532-9944

E-Mail: mdezine@bellsouth.net
Web: www.mertdeezine.com



2476 Silver Star Rd. • Orlando, FL 32804

TO WHOM IT MAY CONCERN:

GLENDA E. HOOD

IT WAS TO MY SURPRISE THAT I RECEIVED A LETTER SUCH AS THIS STATING THAT I'M GOING TO LOSE THE NAME OF MY BUSINESS THAT I WORK HARD & BUILT FOR SO MANY YEARS. I'M NOT SURE WHERE THE LETTERS YOU'VE SENT WENT TO, BUT I HAVE NOT RECEIVE ANYTHING FROM YOUR DIVISION OF CORPORATIONS SINCE WE MOVED TO OUR NEW ADDRESS YEARS AGO WHICH IS: 2476 SILVER STAR ROAD, ORLANDO FLORIDA 32804. I WOULD LIKE TO RESOLVE THIS PROBLEM BY HAVING MY CORPORATION NAME REINSTATED. ENCLOSED YOU WILL FIND A CHECK OF \$150.00 DOLLARS TO FILE WITHOUT PENALTY.

THANK YOU FOR YOUR TIME AND CO-OPERATION

AGNES SANFORT (PRESIDENT)