

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

06 SEP 28 PM 3:13

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000080507

1. Corporation Name

MERETO CORPORATION
13736 SW 152 ST
MIAMI FL 33177

2. Principal Office Address

13736 SW 152 ST

Suite, Apt. #, etc.

3. Mailing Office Address

13736 SW 152 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33177

Country

Zip

33177

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0948212

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

GISELLE BERMEOSOLO

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

13736 SW 152 ST

Suite, Apt. #, Etc.

300080233403

09/27/06--01059--018 **900 00

City

MIAMI

State

FL

Zip Code

33177

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

Giselle Bermeosolo
REGISTERED AGENT MUST SIGN

Date 9/21/06

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
VP	GISELLE BERMEOSOLO	13736 SW 152 ST	MIAMI FL 33177
P	CLARA CASTELLANOS	13736 SW 152 ST	MIAMI FL 33177

REINSTATEMENT 05-06

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 contained in Chapter 119, 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:

Giselle Bermeosolo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/06

Date

305 206 3653

Daytime Phone #