

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # **811770**

1. Corporation Name

MARLIN BAY APARTMENTS INC.

97 MAY -2 PM 2:46
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

**2825 NE 33 AVENUE
 FT LAUDERDALE, FLA 33308**

**c/o DAVID L PEARCE
 425 NE 21 STREET
 WILTON MANORS, FLA 33305**

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

REINSTATEMENT

81-97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-0944639

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	FRANCIS A HOWARD	23 NORFOLK ROAD	HOLBROOK, MASS 02343
VP	HENRY ROTA SR	66 SILVER ST	RANDOLPH, MASS 02368
S/Tr	KENNETH GAMBLE	4850 CAREY DRIVE	MANILUS, NY 13104

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 ***2248.75 ***2248.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**HARRY PEARCE
 425 NE 21 ST
 WILTON MANORS, FLA 33305**

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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

Signature of Registered Agent

Harry Pearce

REGISTERED AGENT MUST SIGN

Date

4-8-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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)(f), 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:

Francis A. Howard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRANCIS A. HOWARD

4-8-97
 Date

954-564-3271
 Daytime Phone #

CR20040 (1/2/96)