

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 26 PM 5:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H68214

1. Corporation Name

SNARLIN MARLIN ENTERPRISES, INC.

Principal Place of Business

4521 PGA BLVD.
SUITE 332
PALM BEACH GARDENS FL 33418
US

Mailing Address

4521 PGA BLVD.
SUITE 332
PALM BEACH GARDENS FL 33418
US



REINSTATEMENT 2002

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

07/25/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2574161

Applied For

Not Applicable

City & State

City & State

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-----------------------------|
| PVST | FISHER, PETER | 4521 PGA BLVD., SUITE 332 | PALM BEACH GARDENS FL 33418 |
| D | FISHER, PETER | 4521 PGA BLVD., STE 332 | PALM BEACH GARDENS FL 33418 |
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| | | | |
| | | | |
| | | | |

200009247692
11/27/02--01108--003 **758.75

8. Name and Address of Current Registered Agent

FISHER, PETER
116 SATINWOOD LANE
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent

| | | |
|--|-------------|----------|
| 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. or 617.0505, F.S.

Signature of
Registered Agent

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date

11/20/02

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~~
FISHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/20/02

Daytime Phone #

(561) 691-4212

CR2E040 (8/02)