

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

00 DEC 12 PM 12: 54

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000076892

1. Corporation Name

MARLIN PRODUCTS INC

Principal Place of Business

Mailing Address

~~660 NE 36TH ST. #1022~~  
 MIAMI FL 33137

~~660 NE 36TH ST. #1022~~  
 MIAMI FL 33137



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	
Suite, Apt. #, etc. <del>600 N.E. 36 St. #1721</del>		Suite, Apt. #, etc. <del>600 N.E. 36 St. #1721</del>		10/02/1995	
City & State		City & State		5. FEI Number 65-0624923	
Zip		Zip		Applied For Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SCHENKLER, DONALD	<del>660 NE 36TH ST. #1022</del> 600 N.E. 36 St #1721	MIAMI FL 33137

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SCHENKLER, DONALD <del>660 NE 36TH ST. #1022</del> 600 N.E. 36 St. #1721 MIAMI FL 33137		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

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 [Signature] Date 11/15/00

REGISTERED AGENT MUST SIGN

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] Date 11/15/00 Daytime Phone # 385-576-8454

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRF00403232



*Sanitary & Safety Supplies for all Industries.*

282  
600 NE 36<sup>TH</sup> STREET  
MIAMI, FL 33137  
Phone: 305-576-8454  
Fax: 305-576-8008  
E-MAIL: DOLPHPRO@AOL.CO

**To:** FLORIDA DEPARTMENT OF STATE      **From:** DON SCHENKLER

**ATTN:** DIVISION OF CORPORATIONS      **Date:** October 20, 2000

**Pages:** 1

TO WHOM THIS MAY CONERN,

I AM WRITING THIS LETTER, ASKING YOU TO PLEASE ACCPET OUR CHECK FOR 150.00 AND TO RE-INSTATE OUR CORPORATION.

UNFORTUNATELY THE ADDRESS YOU HAVE TO SEND THE FORM TO IS NOT OUR CORRECT ADDRESS.OUR CORRECT ADDRESS IS,

600 (NOT 660) N.E.36<sup>TH</sup> STREET, SUITE #1721, MIAMI, FL 33137

WE DID NOTIFY YOU OF THIS CHANGE BUT SOME HOW IT WAS NOT PROCESSED.

SOMEHOW THE FORM MADE ITS WAY TO OUR OFFICE THIS TIME OTHERWISE I WOULD NOT HAVE RECEIVED THIS MAIL.

THANK YOU VERY MUCH FOR YOUR UNDERSTANDING.

SINCERELY YOURS,

DON SCHENKLER