

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

05 NOV -4 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000097577

1. Corporation Name

ARLEN HOUSE MARINA CORP.

2. Principal Office Address

Days Inn Hotel; 7450 Ocean Terrace

3. Mailing Office Address

c/o Michael Mollod

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 1307

City & State

Miami Beach, FL

City & State

Westhampton Beach, NY

Zip

33141

Country

Zip

11978

Country

**REINSTATEMENT**

CR2E081 (8/05)

04-05

4. Date Incorporated or Qualified To Do Business in Florida

12/27/115

5. FEI Number

521954382

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alan K. Marcus, Esq.

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

1320 South Pine Highway

Suite, Apt. #, Etc.

Suite 1045,

City

CORAL GABLES

State

FL

Zip Code

33146

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

*Alan K. Marcus*  
REGISTERED AGENT MUST SIGN

Date 11/3/05

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          |
|------------|-----------------------------------|--|-----------------------------|
| Pres.      | Michael Mollod                    | 25 Adam Lane, P.O. Box 1307                    | Westhampton Beach, NY 11978 |
| Vice Pres. | Bernard Mollod                    | 3 Gilbert Rd. West                             | Great Neck, NY 11024        |
|            | <del>Michael Mollod</del>         |  |                             |
|            |                                   |  |                             |
|            |                                   |  |                             |

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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 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:

*Michael Mollod* Michael Mollod, Pres. 11/2/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #