

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G36870**

1. Corporation Name

**MAR-LIN OF JACKSONVILLE BEACH, INC.**

Principal Place of Business

517 PATRICIA LANE  
JACKSONVILLE BEACH FL 32250

Mailing Address

517 PATRICIA LANE  
JACKSONVILLE BEACH FL 32250

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/03/1983

5. FEI Number

59-2309349

Applied For

Not Applicable

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
DPS	BLUNK, CLYDE J	517 PATRICIA LANE	JACKSONVILLE BEACH FL

300024103943

10/27/03-01023-027 \*\*750.00

8. Name and Address of Current Registered Agent

BUSCHMAN, ALBERT E., JR.  
2215 S 3RD ST  
SUITE 101  
JACKSONVILLE BEACH FL 32250

9. Name and Address of New Registered Agent

Name

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

518 13th Ave North  
Suite, Apt. #, Etc.

City

Jacksonville Beach

State

FL

Zip Code

32250

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

*Clyde J Blunk*  
REGISTERED AGENT MUST SIGN

Date 10-21-03

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:

*Clyde J Blunk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-03

Date

Daytime Phone #

CR2E040 (7/03)