

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 OCT 24 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H09509

1. Corporation Name

MARINEL, INC.

2. Principal Office Address

1236 Channelside Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

1236 Channelside Dr.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33602

Country

USA

Zip

33602

Country

USA

REINSTATEMENT

02

**4. Date Incorporated or Qualified
To Do Business in Florida**

1984

5. FEI Number

59-2834282

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

Ronald N. Hardin

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

104 Locust Drive

Suite, Apt. #, Etc.

City

Brandon

State
FL

Zip Code

33511

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**

Ronald N. Hardin

REGISTERED AGENT MUST SIGN

Date 10/15/02

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
P	Alipio Valdes	102 Locust Drive	Brandon, Fl. 33511
VP	Ronald N. Hardin	104 Locust Drive	Brandon, Fl. 33511
ST	Aurora Valdes	102 Locust Drive	Brandon, Fl. 33511
D	Kathryn D. Valdes	104 Locust Drive	Brandon, Fl. 33511

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:

Ronald N. Hardin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD N. HARDIN 10/15/02 (813)223-2840

Date

Daytime Phone #

CR2E081 (9/01)

jr 10/15/02