

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 12 PM 1:37

DOCUMENT # **L 00000019104**

Limited Liability Company's Name

MARLIN MORTGAGE, LLC

2. Principal Office Address

7001 SW 61 Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33143

Country

USA

3. Mailing Office Address

7001 SW 61 Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33143

Country

USA

4. State/Country of Formation

FLORIDA / USA

**5. Date Organized or Qualified
To Do Business in Florida**

4/6/01

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

NICHOLAS J. BARBELLA

400004729364-8

-12/17/01--01093--008

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

7001 SW 61 Ave

*****150.00 ***150.00**

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33143

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **12-10-01**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	Nicholas J. Barbella	7001 SW 61 Ave,	Miami, FL 33143

REINSTATEMENT

2001

**Rein 100
UBR 56**

150.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

[Signature]

Date **12-10-01**

Daytime Phone #

305-266-5920

Typed or printed name of signing Managing Member/Manager

NICHOLAS J. BARBELLA

CR2E041 (9/01)