

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



DIVISION OF CORPORATIONS

FILED

03 DEC -9 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000009453**

1. Limited Liability Company's Name

Marlin Payment Solutions, LLC

2. Principal Office Address

3700 Commerce Boulevard

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34741

Country

USA

3. Mailing Office Address

3700 Commerce Boulevard

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34741

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

06/06/2001

6. FEI Number

593725489

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

Richard W. Baker

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

2535 Success Drive

Suite, Apt. #, Etc.

City

Odessa

State

FL

Zip Code

33556

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

*Richard W. Baker*

Date

12/1/03

REGISTERED AGENT MUST SIGN

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
MGR	Richard W. Baker	2535 Success Drive	Odessa, FL 33556
MGR	Roy M. Speer	2535 Success Drive	Odessa, FL 33556
MGR	Celia H. Bachman	3600 Commerce Boulevard	Kissimmee, FL 34741

REINSTATEMENT

2003

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

*Richard W. Baker*

Date

12/1/03

Daytime Phone #

727-372-8800

Typed or printed name of signing Managing Member/Manager

RICHARD BAKER