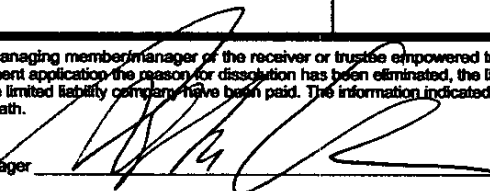


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 JAN -5 AM 10:50	
DOCUMENT # L04000039180					
1. Limited Liability Company's Name MARLIN INDUSTRIAL PARK ASSOCIATES, LLC					
2. Principal Office Address 1653 SE 6TH ST Suite, Apt. #, etc.		3. Mailing Office Address 1653 SE 6TH ST Suite, Apt. #, etc.		CR2E041 (8/05)	
City & State DEERFIELD BCH, FL		City & State DEERFIELD BCH, FL		4. State/Country of Formation FLORIDA	
Zip 33441		Country USA		5. Date Organized or Qualified To Do Business in Florida 05/24/2004	
Zip 33441		Country USA		6. FEI Number 20-1257943	
				7. CERTIFICATE OF STATUS DESIRED ☐ Applied For ☐ Not Applicable	
8. Name and Address of Current Registered Agent					
Name GARY S. DUNAY					
Street Address (P.O. Box Number is Not Acceptable) 5355 TOWN CENTER ROAD, SUITE 801					
Suite, Apt. #, Etc.					
City BOCA RATON					
State FL					
Zip Code 33486					
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 				Date 12/30/05	
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		
MGRM	Stephen Albanese	1653 SE 6TH ST	DEERFIELD BCH, FL 33441		
REINSTATEMENT 05-06					
11. I certify that I am managing member/manager of 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 				Date 12/30/05	
Typed or printed name of signing Managing Member/Manager Stephen Albanese				Daytime Phone # 561-436-6082	