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

CR2E041 (8/05)

2. Principal Office Address		3. Mailing Office Address	
1653 SE 6TH ST		1653 SE 6TH ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DEERFIELD BCH, FL		City & State: DEERFIELD BCH, FL	
Zip: 33441	Country: USA	Zip: 33441	Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 05/24/2004

6. FEI Number: 20-1257943 — 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: GARY S. DUNAY

800062702348
01/05/06--01008--003 **20 .00

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 Daytime Phone # 561-436-6082

Typed or printed name of signing Managing Member/Manager: Stephen Albanese