

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



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

FILED  
00 MAY 16 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N43730

1. Corporation Name  
THE MARLIN CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address 1330 OCEAN DRIVE Suite, Apt. #, etc. FOURTH FLOOR City & State MIAMI BEACH, FLORIDA Zip 33139 Country USA		3. Mailing Office Address 1330 OCEAN DRIVE Suite, Apt. #, etc. FOURTH FLOOR City & State MIAMI BEACH, FLORIDA Zip 33139 Country USA	
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**REINSTATEMENT**

92-00

4. Date Incorporated or Qualified  
To Do Business in Florida  
JUNE 6, 1991

5. FEI Number  
65-0316276  
Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name  
Corporation Service Company  
Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street  
Suite, Apt. #, Etc.  
City  
Tallahassee  
State  
FL  
Zip Code  
32301

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 Laura E. [Signature]  
REGISTERED AGENT MUST SIGN  
Date 5-16-00

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
PD	HART, WENDY	1330 OCEAN DR., 4TH FL	MIAMI BEACH, FL 33139
VD	SAULTER, STEPHANIE	1330 OCEAN DR., 4TH FL	MIAMI BEACH, FL 33139
STD	COX, STEPHEN	1330 OCEAN DR., 4TH FL	MIAMI BEACH, FL 33139

900003254929-8

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: [Signature] STEPHANIE SAULTER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 5/12/00 Daytime Phone # 805-672-5254

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pg 2 of 2



ACCOUNT NO. : 072100000032

REFERENCE : 698652 4303929

AUTHORIZATION :

COST LIMIT : \$ 726.25

*Patricia Pigato*

ORDER DATE : May 16, 2000

ORDER TIME : 2:08 PM

ORDER NO. : 698652-005

CUSTOMER NO: 4303929

CUSTOMER: Ms. Stephanie C. Johnson  
Greenberg Traurig, P.a.  
1221 Brickell Avenue  
21st Floor  
Miami, FL 33131

DOMESTIC FILINGS

NAME: THE MARLIN CONDOMINIUM  
ASSOCIATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS

RECEIVED  
00 MAY 16 PM 3:11  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE FILINGS  
TALLAHASSEE, FLORIDA