

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000046190

1. Corporation Name

MARLIN POOLS & SPAS, INC.

Principal Place of Business

14113 SW 168 LANE
MIAMI FL 33177

Mailing Address

14113 SW 168 LANE
MIAMI FL 33177



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

14137 SW 168 LN
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

14137 SW 168 LN
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

05/08/2001

5. FEI Number

Applied For

Not Applicable

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33177

Country

USA

Zip

33177

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|-----------------------------------|--|--------------------|
| D | GONZALEZ, JOSE M | 14137 SW 168 LANE | MIAMI FL 33177 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

300008701513
10/30/02--01084--018 **150.00

8. Name and Address of Current Registered Agent

GONZALEZ, JOSE M
14137 SW 168 LANE
MIAMI FL 33177

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

[Signature]
SIGNATURE REQUIRED Jose M. Gonzalez
REGISTERED AGENT MUST SIGN

Date 10-25-02

11. 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]
SIGNATURE REQUIRED Jose M. Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-25-02
305-986-5410

CR2E040 (8/02)

MARLIN POOLS & SPAS, INC.
14137 SW 168 LANE
MIAMI , FL. 33177

=====

October 25, 2002

Florida Department of State
Division of Corporations
Uniform Business Report
P.O. Box 6327
Tallahassee, FL 32314

Ref.:Marlin Pools & Spas, Inc.
Doc. # P01000046190

Dear Sir (Madam):

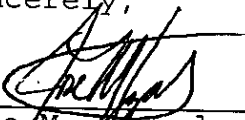
The purpose of this letter is to respectfully request an abatement of the penalty for late filing of my annual report.

This is the first time that I have a corporation and was under the impression that the annual report was a one time fee. Your correspondence was being mailed to the address of my former associate which left the company under very accrimonious circumstances. I only discovered that I owed this yesterday.

Enclosed is my check for \$150.00 which I hope that you will accept this as final payment.

Please accept my apologies for any inconvenience this may have caused. I am now aware of the requirements and I assure you it will not happen again.

Sincerely,



Jose M. Gonzalez
President