

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. pg 1 of 2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -6 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000072622

1. Corporation Name

MARIN APPLIED SERVICE INC.

Principal Place of Business

907 WEBER ST.  
ORLANDO FL 32803

Mailing Address

907 WEBER ST.  
ORLANDO FL 32803



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 83

4. Date Incorporated or Qualified  
To Do Business in Florida

07/02/2002

5. FEI Number

Applied For

☒ Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
President	Brian M. Marin	907 Weber St. Orlando FL 32803	Orlando FL 32803
			000024024100 10/22/03--01064--035 **150.00
			000024024100 10/22/03--01064--036 **8.75

8. Name and Address of Current Registered Agent

MARIN, BRIAN M  
907 WEBER ST.  
ORLANDO FL 32803

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

*Brian Marin*  
SIGNATURE REQUIRED

Date

10-19-03

REGISTERED AGENT MUST SIGN

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:

*Brian Marin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-19-03

Daytime Phone #

407-258-2968

CR2E040 (7/03)

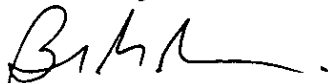
To Whom It May Concern:

I am writing this letter to return my corporation to active status. My correspondence to the State of Florida is prompted by receipt of a Certificate of Administration Dissolution or Revocation.

Earlier this year (2003) I telephoned Tallahassee and placed the corporation in non-active status. I was not informed of my obligation to continue filing and have not received a first notice or second notice to file an annual report/uniform business report.

For your review, enclosed is a fee to file the report without penalty. If I am still in non-compliance of Florida Department of State regulations and further requirements must be fulfilled please contact me at 407 758 7968

Sincerely



Brian Marin