

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 APR 25 AM 7:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000117317

1. Corporation Name

MARIN ENTERPRISES, INC.

2. Principal Office Address

318 Indian Trace

Suite, Apt. #, etc.

#280

City & State

WESTON, FL

Zip

33326

Country

U.S.A.

3. Mailing Office Address

318 Indian Trace

Suite, Apt. #, etc.

#280

City & State

WESTON, FL

Zip

33326

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/1/2002

5. FEI Number

571136709

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Eddy Marin

700054219237

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

318 Indian Trace

Suite, Apt. #, Etc.

#280

City

WESTON

State

FL

Zip Code

33326

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

Eddy Marin

REGISTERED AGENT MUST SIGN

Date

4-21-05

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
P	Eddy Marin	318 Indian Trace, #280 Weston, FL 33326	WESTON, FL 33326

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:

Eddy Marin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-21-05

Daytime Phone #

954-599-2345