

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
09 SEP 11 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000042876

1. Corporation Name

Marlin 1000 Inc

800160589868  
09/11/09--01035--012 \*\*900.00

2. Principal Office Address - No P.O. Box #

121 NW 12th Street

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33445

Country

3. Mailing Office Address

465 Orrick Lane

Suite, Apt. #, etc.

City & State

Greeneville, TN

Zip

37743

Country

REINSTATEMENT 04-09  
29/11

4. Date Incorporated or Qualified  
To Do Business in Florida

4/16/2003

5. FEI Number

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

Linn D Heaton

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

121 NW 12th Street

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33445

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

8/19/09

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	Linn D Heaton	121 NW 12th Street	Delray Beach, FL 33445
VPS	Deborah Dentry	465 Orrick Lane	Greeneville, TN 37743

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 contained in Chapter 119, 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:

Deborah Dentry, VPs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/10/09

Daytime Phone #

5614334810