

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000088389

1. Corporation Name

MURLIN HOLDINGS INC

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

6644 NORTH OCEAN BLVD

3. Mailing Office Address

6644 NORTH OCEAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCEAN RIDGE, FL

City & State

OCEAN RIDGE, FL

Zip

33435

Country

U S A

Zip

33435

Country

U S A

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1203387

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FREDRICK POLISCHUK

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

6644 NORTH OCEAN BLVD

Suite, Apt. #, Etc.

City

OCEAN RIDGE

State

FL

Zip Code

33435



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

11/13/07

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
PRES	FREDRICK POLISCHUK	6644 NORTH OCEAN BLVD	OCEAN RIDGE, FL 33435

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/13/2007

Daytime Phone #

FILED

2007 NOV 14 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300112335303
11/15/07--01030--013 **300.00

REINSTATEMENT 06-07

561-734-7836