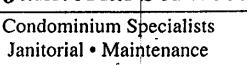
	PLEASE READ				
A	TOR- ISTATEMENT	FLORIT <b>9</b>	DA DEPARTM Candra B. M Capcretar C	ENT CASTAT Irthab Sata	FILED
· · · · · · · · · · · · · · · · · · ·	J.,	OOF FOOD			96 NOV 12 PM 12: 01
1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA
MARLIN JANITORIAL SERVICES, INC.					
,	Place of Business	Mailing Address			
SUITE 21 FT. LAUD US	DERDALE FL 33319	5440 N. ST. RD 7 SUITE 203 FT. LAUDERDALE FL 33331 US			
2. New Pri	addresses are incorrect in any way, line the rincipal Office Address, If Applicable	augh incorrect information and enter correction below.  3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida
Suite, Apt.		Suite, Apt. #, etc.		:	5 ESI Number
<u> </u>	City & State		City & State		65-0426914 Applied For Not Applied by
Zip	Country	Zip	Coun	•	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee require for a Certificate of Status
7. Names	and Street Addresses of Each Officer and/ Name of Officers and/or Directors	or Director (Fic	9	treet Address of En	
P	KLUCK, BARRETT	3 (Do NOT Use Post Office Box No.  5440 N. ST. RD 7, STE. 211			***
	neong Divine!	<del></del>	3440 N. SI. H	V 7, SIE. 211	FT. LAUDERDALE FL
					3000020105034 -11/21/9601007002 ****200.00 ****200.00
	8. Name and Address of Current F	egistered Age	nt		NOTIVENOT RECUP, AD.  9. Name and Address of New Registered Agent
BARR	BARRETT K. KLUCK				V. Halife and Nauless of New Registered Agent
5440 N. ST. RD 7 Suite 203				Street Address (i	P.O. Box Number is Not Acceptable)
	FT. LAUDERDALE FL 33319				
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the				City ith and accept the o	State Zip Code  FL Zip Code
Signature of Registered A	Agent Sund/K A	lud	NT MUST SIGN		Date
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (See other side for Information on Intangible tax.)					
owed by		mes of individu	ale listed on this for	nate name satisfies	provided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated oath.
SIGNATI	URE: SIGNATURE AND TYPED OR PRINT	ED NAME OF SI	ONING OFFICER OR I	NRECTOR	10/9/96 (954) 485-9588

## Marlin Janitorial Services, Inca



November 4, 1996

Florida Dept. Of State Div. Of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

SUBJECT: MARLIN JANITORIAL SERVICES, INC.

Ref. Number: P93000055222

I was late in paying my annual fee due to our move during the year. The application was received late and was returned promptly after having finally receiving it.

I spoke to Marie Bartlett on 10/22/96 and explained the situation to her. She told me to send this letter of explanation and enclose a check for \$ 200 for reinstatement.

Thank you for your assistance.

Sincerely yours,

Barry Kluck, President Marlin Janitorial Services, Inc.

5440 N. State Road 7, Suite 211, Ft. Lauderdale, Fl. 33319