

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 DEC 17 AM 11:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000000698**

1. Corporation Name

MARLIN BUILDERS DEVELOPMENT, CORP.

Principal Place of Business

105 NW 5TH AVE
FORT LAUDERDALE FL 33311
US

Mailing Address

105 NW 5TH AVE
FORT LAUDERDALE FL 33311
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1993

5. FEI Number

65-0485926

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03



600025543476

12/17/03--01004--022 **750.00

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
D	HEAVNER, GERALD C	3203 NW 87TH AVENUE	CORAL SPRINGS FL 33065
D	SEVERIN, SEVERIN W	13400 SW 14TH COURT	DAVIE FL 33325

8. Name and Address of Current Registered Agent

HEAVNER, GERALD C ~~XXX~~
105 NW 5TH AVE
FORT LAUDERDALE FL 33311

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

Gerald C. Heavner
REGISTERED AGENT MUST SIGN

Date

12/11/07

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.

Gerald C. Heavner,

SIGNATURE:

Gerald C. Heavner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/11/03 (954) 618 6111

Daytime Phone #

CR2E040 (7/03)