

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 23 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA4000006552**

1. Corporation Name

THE MERLIN GROUP, INC

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

1836 NE RIVER CT

Suite, Apt. #, etc.

City & State

JENSEN BEACH FL

Zip

34957

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

SAME

Country

FL 34957

REINSTATEMENT

CR2E081 (1/07)

1996-2007

4. Date Incorporated or Qualified
To Do Business in Florida

1-18-1994

5. FE Number

62-1555625

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

STEVEN DORADUEN

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

1836 NE RIVER CT

Suite, Apt. #, Etc.

City

JENSEN BEACH

State

FL

Zip Code

34957

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **8/20/2007**

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.D.	STEVEN DORADUEN	1836 NE RIVER COURT	JENSEN BEACH FL 34957
SOLE OFFICER, DIRECTOR, SHAREHOLDER			

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.

STEVEN DORADUEN

SIGNATURE:

[Signature]
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/2007
Date

954 646 8241
Daytime Phone #