

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

SAME

Zip

Country

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

[Handwritten 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
POD	STEVEN DORADUEN	1836 NE RIVER COURT	JENSEN BEACH FL 34957
	SOLE OFFICER, DIRECTOR		SHAREHOLDER

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08/23/07--01004--012 **1865.00

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 PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN DORADUEN

[Handwritten Signature]

Date **8/20/2007**

Daytime Phone #

954 646 8241