

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 MAR 12 PM 1:21

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **094000052304**

1. Corporation Name  
**MARLIN ENTERPRISES OF SOUTH FLORIDA, INC.**

Principal Place of Business <b>2490 S.W. 42nd Avenue #4                  Fort Lauderdale, FL 33317</b>	Mailing Address <b>2490 S.W. 42nd Ave. #4                  Ft. Lauderdale, FL 33317</b>
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>2490 S.W. 42nd Avenue #4                  Fort Lauderdale, FL 33317</b>	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	4. Date Incorporated or Qualified To Do Business in Florida <b>July 14, 1994</b>	5. FEI Number <b>65-0504531</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

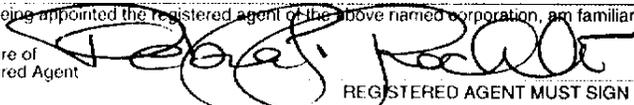
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Jonathan Anderson	2490 S.W. 42 Ave., #4	Ft. Lauderdale, FL 33317
V-Pr.	Jonathan Anderson	2490 S.W.42 Ave., #4	Ft. Lauderdale, FL 33317
Treas.	Jonathan Anderson	2490 S.W. 42 Ave., #4	Ft. Lauderdale, FL 33317
Sec'y	Jonathan Anderson	2490 S.W. 42 Ave., #4	Ft. Lauderdale, FL 33317
<b>REINSTATEMENT</b>			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
**DEBRA P. ROCHLIN, ESQUIRE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**600 South Andrews Avenue**  
 Suite, Apt. #, Etc.  
**Suite 600 200002113422--4**  
 City  
**Fort Lauderdale** State **FL** **03/14/97** **01030-003**  
**\*\*\*1080.FL \*\*\*8180.00**

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.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date **3/3/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032; Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DEBRA P. ROCHLIN, ESQ.**  
**3/3/97** (954) 832-9009  
 Date Daytime Phone #

CR2E040 (1/2/96)