

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P95000005579

1. Corporation Name

MARILYN MANSON, INC.

Principal Place of Business

Mailing Address

**575 Jefferson Drive, #106
Deerfield Beach, FL 33442**

**8439 Sunset Bl., #405
W. Hollywood, CA
90069**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
575 Jefferson Drive, #106

3. New Mailing Office Address, If Applicable
8439 Sunset Blvd., #405

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Deerfield Beach, FL 33442

City & State
W. Hollywood, CA 90069

Zip Country
USA

Zip Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/1995

5. FEI Number

59-3296289

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres. Treas.	Brian Warner	8439 Sunset Blvd., #405	W. Hollywood, CA 90069
Sec'y	Brian Warner	8439 Sunset Blvd., #405	W. Hollywood, CA 90069
Asst. Sec'y	Jay Sendyk	8439 Sunset Blvd., #405	W. Hollywood, CA 90069
Director	Brian Warner	8439 Sunset Blvd., #405	W. Hollywood, CA 90069
			600002259666--6
			-08/06/97--01091--001
			***915.00 ***915.00

8. Name and Address of Current Registered Agent

**Prentice Hall
1201 Hays St.
Tallahassee, FL 32301**

9. Name and Address of New Registered Agent

Name

Brian Warner

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

575 Jefferson Drive, #106

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33442

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

X

REGISTERED AGENT MUST SIGN

Date **July 30, 1997**

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

7/30/97
Date

213 656 9484
Daytime Phone #

CR2E040 (12/96)