

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

97 OCT 10 PM 2:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # PA5000017697

1. Corporation Name

MARGLEN, INC.

Principal Place of Business

Mailing Address

10742 N.W. 9 MANOR
CORAL SPRINGS, FLORIDA
33071

SAME

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

REINSTATEMENT 96-97

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

1-1-95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0560881

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
<u>D</u>	<u>DAVID KALLEN</u>	<u>10742 N.W. 9 MANOR</u>	<u>CORAL SPRINGS, FL 33071</u>
<u>O</u>	<u>GLENDA KALLEN</u>	<u>10742 N.W. 9 MANOR</u>	<u>CORAL SPRINGS, FL 33071</u>
			<u>100002319771-7</u> <u>-10/14/97-01033-002</u> <u>***915.00 ***915.00</u>
			<u>10/10/97</u>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVID KALLEN
10742 N.W. 9 MANOR
CORAL SPRINGS, FL 33071

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.

Signature of Registered Agent

David Kallen

Date

REGISTERED AGENT MUST SIGN

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:

David Kallen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/7/97

Date

954-7960596

Daytime Phone #

CR2E040 (12/96)