

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 26 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95 000076892

1. Corporation Name

MARLIN PRODUCTS, INC.

2. Principal Office Address

4770 Biscayne Blvd

3. Mailing Office Address

4770 Biscayne Blvd.

Suite, Apt. #, etc.

580

Suite, Apt. #, etc.

580

City & State

miami, FL

City & State

miami, FL

Zip

33137

Country

US

Zip

33137

Country

US

400033961204
04/26/04--01060--016 **300.00

REINSTATEMENT

OB-24

4. Date Incorporated or Qualified
To Do Business in Florida

10-2-95

5. FEI Number

65-0624923

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

Donald Schenkler

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

4770 Biscayne Blvd.

Suite, Apt. #, Etc.

580

City

miami

State
FL

Zip Code

33137

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

4/23/04

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
<u>P</u>	<u>Donald Schenkler</u>	<u>4770 Biscayne Blvd #580</u>	<u>miami, FL 33137</u>

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

Date

4/23/04

Daytime Phone #

B 2082

**MARLIN PRODUCTS, INC.
4770 BISCAYNE BLVD
SUITE 580
MIAMI, FL 33137
(305) 576-8454**

April 19, 2004

Re: Marlin Products, Inc.
Document # P95000076892

To Whom It May Concern:

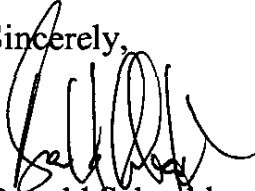
Enclosed please find a check in the amount of \$300.00 for the annual report fees for the years 2003 and 2004. Also, submitted is the reinstatement form which corresponds to reinstate the above referenced corporation.

I never received the UBR from the past year since we have a new address; different than the one recorded with your office. I have made the necessary changes on the reinstatement form.

I would appreciate if you could waive all late fees.

Thank you for your consideration with this matter.

Sincerely,



Donald Schenkler
Marlin Products, Inc.