

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000097577

**FILED**  
**Oct 06, 2009**  
**Secretary of State**

**Entity Name:** ARLEN HOUSE MARINA CORP.

**Current Principal Place of Business:**

DAYS INN HOTEL; 7450 OCEAN TERRACE  
ATT: MICHAEL MOLLOD  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MICHAEL MOLLOD  
P.O. BOX 1307  
WESTHAMPTON BEACH, NY 11978 US

**New Mailing Address:**

**FEI Number:** 52-1954382      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARCUS, ALAN K ESQ  
1320 SOUTH DIXIE HIGHEAY  
SUITE 1045  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALAN MARCUS,ESQ.

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MOLLOD, MICHAEL  
Address: 25 ADAM LANE, P.O. BOX 1307  
City-St-Zip: WESTHAMPTON BEACH, NY 11978

Title: VP ( ) Delete  
Name: MOLLOD, BERNARD  
Address: 3 GILBERT RD. WEST  
City-St-Zip: GREAT NECK, NY 11024

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: ORTIZ, HECTOR  
Address: C/O DAYS INN NORTH BEACH,7450 OCEAN TERACE  
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MOLLOD

PRES

10/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date