

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 14 PM 4:12

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P960000 26123

1. Corporation Name
MARIN MEDICAL ASSOCIATES Inc.

400122585684
04/16/08--01008--017 **158.75

2. Principal Office Address - No P.O. Box #
1810 OLD OKEECHOBEE RD

3. Mailing Office Address
1810 OLD OKEECHOBEE RD

Suite, Apt. #, etc.
SUITE A

Suite, Apt. #, etc.
SUITE A

City & State
WEST PALM BEACH FL

City & State
WEST PALM BEACH FL

Zip 33409 Country USA

Zip 33409 Country USA

400122585684
REINSTATEMENT 97-08
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida 3-25-1996

5. FFI Number 65-0652571
 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee req
for a Certificate of Stat

7. Name and Address of Current Registered Agent

Name
Christopher C. Burdett
Street Address (P.O. Box Number is Not Acceptable)
320 MURRAY Rd
Suite, Apt. # Etc.

City WEST PALM BEACH State FL Zip Code 33405

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 Christopher C. Burdett
REGISTERED AGENT MUST SIGN

Date 4-2-08

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>PYST</u>	<u>Christopher Burdett</u>	<u>1810 OLD OKEECHOBEE Rd - A.</u>	<u>West Palm Beach, FL 33409</u>

400122585684
04/08/08--01030--021 **1650.00

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 contained in Chapter 119, F.S. The information indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature Chris Burdett

4-2-08