

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 JAN 24 AM 11:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000073769**
 1. Corporation Name
MARINE LIFE DESIGN, INC.

Principal Place of Business Mailing Address
 15205 POWERLINE RD SUITE 14 DEERFIELD BEACH FL 33442
 15205 POWERLINE RD SUITE 14 DEERFIELD BEACH FL 33442



800010690488
 01/24/03--01024--004 **300.00

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

2. New Principal Office Address, If Applicable 1520 S. Powerline Rd. Suite H		3. New Mailing Office Address, If Applicable 1520 S. Powerline Rd. Suite H		4. Date Incorporated or Qualified To Do Business in Florida 09/03/1996	
City & State Deerfield Beach, FL		City & State Deerfield Beach, FL		5. FEI Number 65-0703561	
Zip 33442 Country USA		Zip 33442 Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4 City / State / Zip
VTD	EHLERS, BRYAN	18473 E. COVINGTON TRACE	BOCA RATON FL 33498

8. Name and Address of Current Registered Agent KIRSCHNER, MITCHELL B ESQ. 6801 LYONS ROAD, SUITE D-6 COCCONUT CREEK FL 33073		9. Name and Address of New Registered Agent Name Bryan D. Ehlers Street Address (P.O. Box Number Is Not Acceptable) 1520 S. Powerline Rd. Suite, Apt. #, Etc. Suite H City Deerfield Beach State FL Zip Code 33442	
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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. or 617.0505, F.S.

Signature of Registered Agent **SIGNATURE REQUIRED** Date **1/21/03**
 REGISTERED AGENT MUST SIGN

11. 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 REQUIRED** Date **1/21/03** Daytime Phone # **954-421-1144**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/02)



To whom it May Concern,

We did not receive any 2002 Uniform Business Reports. Enclosed is a \$300 check for the reinstatement fee.

A handwritten signature in black ink, appearing to read "B. Ehlers", positioned above the printed name.

Bryan D. Ehlers

1520 S. Powerline Road, Ste. H

Deerfield Beach, Florida 33442

tel. (954) 421.1144

fax (954) 725.9905

info@marinelifedesigns.com

www.marinelifedesigns.com