

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

15205 POWERLINE RD  
SUITE 14  
DEERFIELD BEACH FL 33442

Mailing Address

15205 POWERLINE RD  
SUITE 14  
DEERFIELD BEACH FL 33442

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, Apt. #, etc.

Suite H

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

3. New Mailing Office Address, If Applicable

1520 S. POWERLINE RD.

Suite, Apt. #, etc.

Suite H

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/03/1996

5. FEI Number

65-0703561

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

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

REGISTERED AGENT MUST SIGN

Date

1/21/03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/21/03

Daytime Phone #

954-421-1144



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