

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
01 MAR -6 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P97000041497

**1. Corporation Name**

Mardan Industries, Inc.  
D/B/A Mardan Fabricators

**2. Principal Office Address**

222 SW 33rd CT

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33315

Country

**3. Mailing Office Address**

222 SW 33rd CT

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33315

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0768471

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

Paul Hauser

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

5200 NW 33rd Ave

Suite, Apt. #, Etc.

109

City

Ft. Lauderdale

400003827844-2

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\*\*\*\*900.00 \*\*\*\*900.00

State  
FL

Zip Code

33309

**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

Paul Hauser

REGISTERED AGENT MUST SIGN

Date 3-05-01

**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
D	Paul Hauser	Suite 109 5200 NW 33rd Ave	Ft. Lauderdale FL 33309

**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:**

Paul Hauser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-01 954-463-5820

Date

Daytime Phone #

CR2E081 (9/00)