

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 JUL 21 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800133086168
07/17/08--01004--010 **1950.00

CR2E081 (12/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000014427

1. Corporation Name

MARLYN CONSULTING GROUP, INC.

2. Principal Office Address - No P.O. Box #

1000 16th Street North

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33705

Country

3. Mailing Office Address

1000 16th Street North

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33705

Country

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

2/15/1999

5. FEI Number

59-3556584

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

George F. Wilsey, Esquire

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

1000 16th Street North

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33705

☐ 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

REGISTERED AGENT MUST SIGN

Date

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
PSTD	James Shearer	2830 Welchbrook Drive	Huntingtown, MD 20639

REINSTATEMENT
2000-08
JLS

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

James A. Shearer JAMES A. SHEARER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/10/08

Daytime Phone #

410 535 7612