

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 10 AM 10:27

**DOCUMENT #**

1. Corporation Name

P99000099493

MARINA CLINTON, INC.

**2. Principal Office Address**

3225 Aviation Avenue

Suite, Apt. #, etc.

Suite 700

City & State

Miami Florida

Zip

33133

Country

USA

**3. Mailing Office Address**

3225 Aviation Avenue

Suite, Apt. #, etc.

Suite 700

City & State

Miami Florida

Zip

33133

Country

USA

**REINSTATEMENT** 01

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

11/12/99

**5. FEI Number**

65-0962441

☒ 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

RANDY E. RIEGER

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

3225 Aviation Avenue

Suite, Apt. #, Etc.

Suite 700

City

Miami

State

FL

Zip Code

33133

**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
D	Randy Rieger	3225 Aviation Avenue Suite 700	Miami FL 33133
D	Stewart Marcus	3225 Aviation Avenue Suite 700	Miami FL 33133

**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:** Randy Rieger, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-860-8188

Date

Daytime Phone #

CR02001 (9/00)