

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000111143**

1. Corporation Name

MARIN Accounting Services, Inc.

2. Principal Office Address

6534 NW 98 DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

6534 NW 98 DRIVE

Suite, Apt. #, etc.

City & State

PARKLAND, FL

Zip Country

33076 USA

City & State

PARKLAND, FL

Zip Country

33076 USA

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

12/21/99

5. FEI Number

65-0979668

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

300056265583

06/16/05--01057--009 **1500.00

7. Name and Address of Current Registered Agent

Name

Miguel MARIN

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

6534 NW 98 DR

Suite, Apt. #, Etc.

City

PARKLAND

State

FL

Zip Code

33076

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

Miguel A Marin

REGISTERED AGENT MUST SIGN

Date

6/14/05

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
P	Miguel A MARIN	6534 NW 98 DR	PARKLAND, FL, 33076
VP	LAURIE MARIN	6534 NW 98 DR	PARKLAND, FL, 33076

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:

Miguel A Marin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/14/05

Daytime Phone #

754 575-2548

CR2E081 (01/05)