

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS



**APPROVED AND FILED**

1997 MAR 21 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** V21253

1. Corporation Name

MARLIN CONSTRUCTION OF INDIAN RIVER COUNTY, INC.

Principal Place of Business

Mailing Address

9888 MAJESTIC WAY PO Box 11678  
 BOYNTON BCH, FL. FT. LAUDERDALE, FL.  
 33437 33339

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

SAME AS ABOVE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

YES 3/16/92

5. FEI Number

65-0319146

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	KATHY E. GALLIN	9888 MAJESTIC WAY	BOYNTON BCH, FL. 33437
SEC.	STEVEN G. ANDERSON	210 BRADFORD RD. #155	TALL, FL. 32303
TRES	WILMER KENT MARSHALL	9888 MAJESTIC WAY	BOYNTON BCH, FL. 33437

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

WILMER KENT MARSHALL  
 9888 MAJESTIC WAY  
 BOYNTON BCH, FL. 33437

9. Name and Address of New Registered Agent

Name

SAME

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of Registered Agent

W. Kent Marshall

REGISTERED AGENT MUST SIGN

Date 3/21/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

W. Kent Marshall

WILMER KENT MARSHALL 3/21/97

Date

Daytime Phone #

954  
492-4041

TRES.

CP2E040 (12/96)