

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 19 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

573070

1. Corporation Name

MALKA INC

2. Principal Office Address

1414 Magliano Dr

Suite, Apt. #, etc.

3. Mailing Office Address

1414 Magliano Dr

Suite, Apt. #, etc.

City & State

Barton Bch

City & State

Baynton Bch Fla

Zip

33436

Country

Zip

33436

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1926878

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

100014449331
03/24/03--01001--007 **300.00

7. Name and Address of Current Registered Agent

Name

Gary G. Goldstein

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

2529 Hawthorne Road

Suite, Apt. #, Etc.

W 205 Palm Beach

City

33415

State
FL

Zip Code

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

[Signature]
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
Pres	Barbara Gary	1414 Magliano Dr	Barton Bch
VP	Gary S. Goldstein	1414 Magliano Dr	Barton Bch
Sec	Gary S. Goldstein	"	"

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14 03

Date

Daytime Phone #

CR2E081 (10/02)

js 3/19

MALKA INC
1414 Magliano Drive
Boynton Beach, Florida 33436
(561) 740 3829 Cell (561) 504 8903 Fax (561)733-1829

March 14, 2003

Sir;

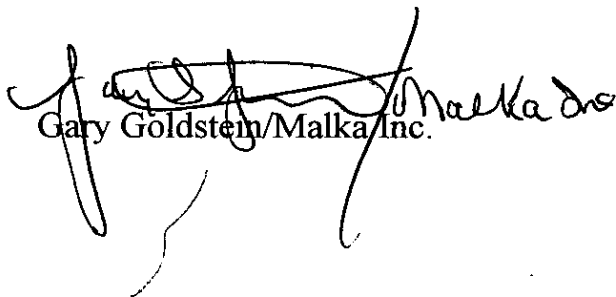
This letter to explain the reason the filling fees were not paid on time.

As you can see from your computer records that the mailing address was sent to PO Box 970901 Boca Raton Florida 33428.. Because the forwarding address expired from the Post Office the new form was never received at the 1414 Magliano Drive Boynton beach address.

Attached is a check for three hundred dollars- which I understand is the proper amount of the Corporate fee.

Please process this asap, in as much as there are two business transactions that are contingent upon closing.

Thank you for your anticipated cooperation


Gary Goldstein/Malka/Inc.