

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

00 FEB 26 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # **F94000002032**

1. Corporation Name

**MALARIO CORP.**

2. Principal Office Address

**1983 MARCUS AVE FL 831 EDGEWATER COMM**

Suite, Apt. #, etc.

**SUITE 127**

City & State

**LAKE SUCCESS, NY ORLANDO, FL**

Zip

**11042**

Country

**USA**

3. Mailing Office Address **TRADIE WINDS**

**1983 MARCUS AVE FL 831 EDGEWATER COMM**

Suite, Apt. #, etc.

**SUITE 1108**

City & State

**ORLANDO, FL**

Zip

**32810**

Country

**USA**

**REINSTATEMENT 952080**

4. Date Incorporated or Qualified  
To Do Business in Florida

**3-30-94**

5. FEI Number

**11-3181182**

Applied For

Not Applicable

6. CERT

**100003098961--9**

**01/14/00--01058--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00**

7. Name and Address of Current Registered Agent

Name

**SCOTT OLIVER**

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

**6831 EDGEWATER COMM. PARKWAY**

Suite, Apt. #, Etc.

**SUITE 1105**

City

**ORLANDO**

State

**FL**

Zip Code

**32810**

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 **2/11/00**

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	DENNIS W. MALONEY	1983 MARCUS AVE	LAKE SUCCESS, NY 11042
PRES	DANIEL DIADARIO	1983 MARCUS AVE	LAKE SUCCESS, NY 11042

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-9-00 393-9080**

Date

Daytime Phone #

CR2001 (9/99)