

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

97 NOV 10 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000005669

1. Corporation Name

MALACHI KNOWLES & ASSOCIATES INC.

Principal Place of Business

P.O. BOX 31801
PALM BEACH GARDENS FL 33420

Mailing Address

P.O. BOX 31901
PALM BEACH GARDENS FL 33420

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0550301

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PCDS	KNOWLES, MALACHI	1456 W 30TH ST. 4208 42ND WAY	PALM BEACH GARDENS FL WEST PALM BEACH, FL 33407
V	KNOWLES, MARTHA L MARY ELLEN	1456 W 30TH ST.	PALM BEACH GARDENS FL RIVIERA BEACH, FL 33404
T	FISHER, ANNIE DUFFUS, ESSIE	4900 N.W. 15TH ST. 4104 DAKOTA PLACE	LAUDERHILL FL PALM BEACH GARDENS, FL 33418
			200002345422--4 -11/12/97--01118--003
			REINSTATEMENT 75 758.75
			4. Allen

8. Name and Address of Current Registered Agent

KNOWLES, MARY
1456 W. 30TH ST.
RIVIERA BEACH FL 33404

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 Mary Knowles

REGISTERED AGENT MUST SIGN

Date Oct. 30, 1997

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30. 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:

MALACHI KNOWLES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/97 561-686658
Date Daytime Phone #