

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Division of Corporations		FILED 99 MAY 17 AM 11:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <p>DOCUMENT # 491938</p> <p>1. Corporation Name MALONEY HOLDING CORP.</p> </div> <div style="text-align: right;"> <p>REINSTATEMENT 98-99 @</p> </div> </div>				
Principal Place of Business		Mailing Address		
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>				
<p>2. New Principal Office Address, If Applicable 5440 Dubois Avenue</p> <p>Suite, Apt. #, etc.</p> <p>City & State Port Orange, FL 32127</p> <p>Zip Country</p>		<p>3. New Mailing Office Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>		
		<p>4. Date Incorporated or Qualified To Do Business in Florida MAY 9, 1995</p> <p>5. FEI Number 59-2617243</p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>		
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	
P/VP	Dale Maloney	5440 Dubois Avenue	Port Orange, Florida 32127	
S/T	Judy Maloney	5440 Dubois Avenue	Port Orange, Florida, 32127	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
<p>Dale Maloney 5440 Dubois Avenue Port Orange, FL 32127</p>		Name		
		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.				
<p>Signature of Registered Agent <i>Dale Maloney</i></p> <p>REGISTERED AGENT MUST SIGN</p>		<p>Date MAY 13, 1999</p>		
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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 617.0431, 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)(ii), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.				
<p>SIGNATURE: <i>Dale Maloney</i></p> <p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>		<p>Date: MAY 13, 1999 9104 7608236</p> <p>Daytime Phone #</p>		

CP2E081 (12/96)