,	PLEASE READ PLICATION FOR STATEMENT	ALL INSTRUCTION FLORIDA DEPARTI Sandra B. I Secretary DIVISION OF COR	MENT OF STATE  Mortham  of State 1	COMPLETING THIS FIGURAL AND FILED 97 NOV 13 PM 2: 36
DOCUMENT # M37864  1. Corporation Name  MALAR CONSTRUCTION, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA
771 N.W. 2	lace of Business 2ND ROAD RDALE FL 33311-6884	Mailing Address 771 N.W. 22ND ROAD FT. LAUDERDALE FL 33311-68	184	MANUAL MANUAL MANUAL OF THE PROPERTY OF
	addresses are incorrect in any way, line thro incipal Office Address, If Applicable #. etc.	ough incorrect information and e 3. New Mailing Office Addres Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business In Florida 09/04/1986
City & State		City & State		5. FEI Number 59-2713202 Applied For Not Applicable 6.
Zip	Country	Zip Co	ountry	CERTIFICATE OF STATUS DESIRED 68.75 Additional Fee required for a Certificate of Status
7. Names i	And Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at  Name of Officers And/or Directors Street Address of Each Officer and/or Directors Officer and/or Directors 3 (Do NOT Use Post Office Bo		Street Address of Each	h
DP	LARKINS, E. PAT	1534 N.W. 4TH AVE.		POMPANO BEACH FL
DST	DST MADOO, EZEKIEL		7 AVENUE	PLANTATION FL
				8000234936387 -11/17/97-01132-034 *****750.00 ****750.00
, 771 N.	8. Name and Address of Current F NS, E. PAT W. 22ND ROAD UDERPALE FL	legistered Agent	9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc.  City  State  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 Date 11/7/9'7  REGISTERED AGENT MUST SIGN				
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No No No 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 filling 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 eath.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Dayling Phone #				