

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 SEP -6 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 05668*

1. Corporation Name

*Geri Malloy Maliner Nursing
Scholarship Foundation, Inc.*

REINSTATEMENT

2. Principal Office Address - No P.O. Box #

3535 S. Ocean Dr.

Suite, Apt. #, etc.

#605

City & State

Hollywood, FL

Zip

33019

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10-15-1984

5. FEI Number

59-2456382

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Veronica A. Maliner

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

3535 S. Ocean Dr.

Suite, Apt. #, Etc.

#605

City

Hollywood

State

FL

Zip Code

33019

700251487957
09/06/13--01017--010 **481.25

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

Veronica A. Maliner
REGISTERED AGENT MUST SIGN

Date *9-4-13*

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.	<i>Veronica Maliner</i>	<i>3535 S. Ocean Drive #605</i>	<i>Hollywood FL 33019</i>
Treas.	<i>Dr. Robert Maliner</i>	<i>4510 Buchanan St.</i>	<i>Hollywood FL 33021</i>

10. E-mail Address: *maliner.v@bell.south.net*

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Veronica A. Maliner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-13
Date

(954) 328-7412
Daytime Phone #