PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 13 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002278

1 Corporation Name

MALTA HOUSE, INC.

Principal Place of Business	Mailing Address
~~9999 SHERWOOD ROAD~~ ~~DELRAY BEACH FL 33445~~	~~9999 SHERWOOD ROAD~~ ~~DELRAY BEACH FL 33445~~

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
Suite 200	1101 North Congress Ave
Suite, Apt. #, etc 1101 North Congress Ave	Suite, Apt. #, etc. Suite 200
City & State Boynton Beach, FL	City & State Boynton Beach, FL
Zip 33426 Country USA	Zip 33426 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/10/1993

5. FEI Number: 65-0416447 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	FRANK CRIPPEN	262 BAL BAY DRIVE	BAL HARBOUR FL
VPDC	CARNEY, ALICE	10205 COLLINS AVE	BAL HARBOUR FL
SD	JOHN O'CONNELL JR	2700 N.W. 20 DRIVE	BOCA RATON FL
AS	Thomas F. Carney, Jr.	1101 N. Congress Av #200	Boynton Beach, FL 33426

12/13/96

REINSTATEMENT

8. Name and Address of Current Registered Agent

CARNEY, THOMAS F JR
1101 N. CONGRESS AVENUE
SUITE 200
BOYNTON BEACH FL 33426

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State | Zip Code

500002032135--7
12/18/96--01026--018
****175.00 ****175.00
500002032135--7
12/18/96--01026--019
****61.25 ****61.25

CR2E040 (7/96)

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: Thomas Carney Jr.
REGISTERED AGENT MUST SIGN

Date: 03 Dec 96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Thomas Carney Jr. Asst. Secretary 03 Dec 96 561 399-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070550 AF