

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000005502

FILED  
Sep 26, 2006  
Secretary of State

**Entity Name:** MALONE COMMUNITY CLUB, INCORPORATED

**Current Principal Place of Business:**

5186 9TH AVE  
MALONE, FL 32445 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 25  
MALONE, FL 32445 US

**New Mailing Address:**

**FEI Number:** 59-3095483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

TORRES, NORMAN A  
5315 12TH STREET  
MALONE, FL 32445 US

**Name and Address of New Registered Agent:**

SMITH, WILLIE J  
5330 12TH STREET  
MALONE, FL 32445 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIE J. SMITH

09/26/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MCKAY, SAMUEL  
Address: 4965 KILLIS RD.  
City-St-Zip: GREENWOOD, FL 32443

Title: D ( ) Delete  
Name: TORRES, NORMAN A  
Address: 5315 12TH ST.  
City-St-Zip: MALONE, FL 32445

Title: D ( ) Delete  
Name: SMITH, KATHLEAN  
Address: PO BOX 176  
City-St-Zip: MALONE, FL 32445

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE J. SMITH

MR.

09/26/2006

Electronic Signature of Signing Officer or Director

Date