


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN -5 AM 10:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P000000053731</u>	
1. Corporation Name <u>THE MALLORY GROUP, INC.</u>	
2. Principal Office Address <u>14075 SW 72ND COURT</u> Suite, Apt. #, etc.	3. Mailing Office Address <u>14075 SW 72ND COURT</u> Suite, Apt. #, etc.
City & State <u>MIAMI, FLORIDA</u> Zip <u>33158</u> Country <u>USA</u>	City & State <u>MIAMI, FLORIDA</u> Zip <u>33158</u> Country <u>USA</u>

REINSTATEMENT 03-04
900026018069
 01/05/04--01059--004 **150.00
 11/19/03 01041--001 **150.00

4. Date Incorporated or Qualified To Do Business in Florida <u>5/25/2000</u>	5. FEI Number <u>75-3019213</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name <u>STEPHEN M. KNECHT</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>14075 SW 72ND COURT</u>		
Suite, Apt. #, Etc.		
City <u>MIAMI,</u>	State <u>FL</u>	Zip Code <u>33158</u>

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

REGISTERED AGENT MUST SIGN

Date 12/30/03

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.	STEPHEN M. KNECHT	14075 SW 72ND COURT	MIAMI, FL 33158

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN M. KNECHT

Date

12/30/03

Daytime Phone #

(305) 251-0347

CR2E081 (10/02)

THE MALLORY GROUP, INC.

December 30, 2003

Mr. Justin M. Shivers
Document Specialist
Florida Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

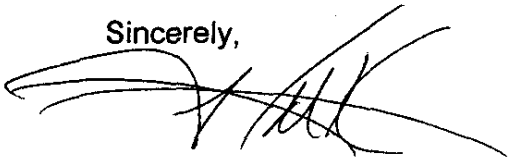
Subject: The Mallory Group, Inc.
Ref Number: P00000053731

Dear Mr. Shivers:

Enclosed please find a copy of your 12/15/03 letter (with accompanying correspondence) along with a fully executed approved Corporation Reinstatement application and a check for \$150.00 payable to Department Of State as payment for The Mallory Group, Inc., 2004 Uniform Business Report (UBR) fee.

Thank you for your assistance in this matter.

Sincerely,



Stephen M. Knecht
President
The Mallory Group, Inc.

Enclosures: 5