


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2005 OCT 24 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P00000084209**

1. Corporation Name  
**MALKUS COMMUNICATIONS GROUP, INC.**  
**P00000084209**

2. Principal Office Address <b>2170 S.E. 17 ST.</b>		3. Mailing Office Address <b>2170 S.E. 17 ST.</b>	
Suite, Apt. #, etc. <b>SUITE 201</b>		Suite, Apt. #, etc. <b>SUITE 201</b>	
City & State <b>FT. LAUDERDALE FL</b>		City & State <b>FT LAUDERDALE FL</b>	
Zip <b>33316</b>	Country <b>USA</b>	Zip <b>33316</b>	Country <b>USA</b>

**100060898241**  
10/24/05--01056--028 \*\*900.00

**REINSTATEMENT 04-05**

4. Date Incorporated or Qualified To Do Business in Florida **2000**

5. FEI Number **651056272** Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$5.75 Additional Fee Required by Secretary of State

7. Name and Address of Current Registered Agent

Name **DANIEL GASS, ESQ.**

Street Address (P.O. Box Number is Not Acceptable)  
**10001 N.W. 50 ST.**

Suite, Apt. #, Etc.  
**SUITE 204**

City **SUNRISE** State **FL** Zip Code **33351**

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 *[Signature]* Date 10/20/05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
<b>P</b>	<b>CHARLES MALKUS</b> President	<b>2170 S.E. 17 ST.</b> <b>SUITE 201</b>	<b>FT. LAUDERDALE</b> <b>FL, 33316</b>

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)(f), 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: *Charles Malkus* **CHARLES MALKUS, President** Date 10/20/05 Daytime Phone # 954.815.5924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR