

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 9:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P00000109109**

1. Corporation Name
MALKA TECHNOLOGIES, INC.

Principal Place of Business 921 LARSON DRIVE ALTAMONTE SPRINGS FL 32714	Mailing Address 921 LARSON DRIVE ALTAMONTE SPRINGS FL 32714
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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	4. Date Incorporated or Qualified To Do Business in Florida 11/27/2000
Suite, Apt. #, etc.	Suite, Apt. #, etc. Box 941116	5. FEI Number 59-3690500
City & State	City & State Maitland, FL	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
32794-1116		

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BERMAN-GLUCK, MELANIE S	921 LARSON DRIVE	ALTAMONTE SPRINGS FL 32714
P	GLUCK, JACK	921 LARSON DR	ALTAMONTE SPRINGS FL 32714

600009247406
 11/27/02--01107--008 **158.75

8. Name and Address of Current Registered Agent BERMAN-GLUCK, MELANIE S 921 LARSON DRIVE ALTAMONTE SPRINGS FL 32714	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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. or 617.0505, F.S.

Signature of Registered Agent *Melanie Berman Gluck* **SIGNATURE REQUIRED** Date 11-15-02
 REGISTERED AGENT MUST SIGN

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., 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: *Melanie Berman Gluck* **Melanie Berman Gluck** 11/15/02 4076209322
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)



Malka Technologies, Inc.
PO Box 941116 Maitland, FL 32794-1116
921 Larson Road Altamonte, FL 32714
Phone 407-672-6317
Fax 407-862-8190

Florida Department of State
Divisions of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

November 15, 2002

RE: Document #00000109109

To Whom It May Concern:

I am sending this letter in hopes that we can get our corporation reinstated. Unfortunately we have been missing mail delivered to our physical address and did not receive the previous notices. Therefore we are now directing all mail to a post office box. I did place a call to the office, but no form ever came and due to an illness, I did not follow through. We have noted the change in mailing address on the UBR and hope that we will indeed receive all information at that mailing address.

Thank you for your time,

Melanie Berman-Gluck
Malka Technologies Inc.