

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 APR 20 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000127330

1. Corporation Name

MALTA GROUP INC.

2. Principal Office Address - No P.O. Box #

1400 CHESTWOOD CT

Suite, Apt. #, etc.

# 1402

City & State

ROYAL PALM BCH, FL

Zip

33411

Country

U.S.A.

3. Mailing Office Address

P. O. Box 420208

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

Zip

34742

Country

U.S.A.

**REINSTATEMENT** 08-09

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

Nov. 7th 2003

5. FEI Number

34-1979032

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

LEWIS C GRAHAM

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

1400 CHESTWOOD CT

Suite, Apt. #, Etc.

# 1402

City

ROYAL PALM BCH

State

FL

Zip Code

33411

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date April 17th 2009

REGISTERED AGENT MUST SIGN

**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
P	LEWIS C. GRAHAM	1400 CHESTWOOD CT #1402,	ROYAL PALM BCH FL 33411
VP	MARA C. GRAHAM	1400 CHESTWOOD CT #1402	ROYAL PALM BCH FL 33411

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 contained in Chapter 119, 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

Date

April 17th 2009

Daytime Phone #

561-2817137