

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAR -8 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02022007 REIN-P CR2E098 (1/07) 06-07

REINSTATEMENT
Applied For
No Additional
Fee Required
\$8.75

DOCUMENT # P05000022668			
1. Entity Name FLORIDA MALL MANAGEMENT INC			
Principal Place of Business 14314 Spring Hill Dr Spring Hill, FL 34609		Mailing Address 35184 US 19 N PALM HARBOR, FL 34684	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
MEGALA, SABRY 35190 US 19 N. Palm Harbor, FL 34684			
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		Sabry Megala	
Signature, typed or printed name of registered agent and title, if applicable.		(NOTE: Registered Agent signature required upon reinstating)	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE	P	Delete	
NAME	MEGALA, SABRY		
STREET ADDRESS	Po Box 21742		
CITY - ST - ZIP	Tampa, FL 33622		
TITLE		Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		Change Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		Change Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		Change Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		Change Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE:		Sabry Megala	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	
		813-376-8552	