

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
MALDON PROPERTIES INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

Electronic Filing Menu

Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS **FORM**

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 JUL 19 P 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08000036704

1. Corporation Name

Maldon Properties Inc.

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

2420 SE Bahia Way

Suite, Apt. #, etc.

3. Mailing Office Address

2420 SE Bahia Way

Suite, Apt. #, etc.

City & State

Stuart, Florida

City & State

Stuart, Florida

Zip

34996

Country

USA

Zip

34996

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

April 9, 2008

5. FEI Number
26-2393846

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

Herbert M. Selzer

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

13094 Redon Drive

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

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

REGISTERED AGENT MUST SIGN

Date July 14, 2010

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
D/P	Herbert M. Selzer	13094 Redon Drive	Palm Beach Gardens, FL 33410
D/S	Howard Berke	c/o Loeb Block & Partners	
		505 Park Avenue	New York, NY 10022

REINSTATEMENT

09-10
JSS

10. E-mail Address: hselzer@loebblock.com

(To be used for future annual report notification)

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. I further certify, 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:

Herbert M. Selzer, Director

7/14/10 212-755-5510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #