Zip 33020  Country 33020  Country 33020  Country 33020  Country 3875 Additional Fee required Agent  7. Name and Address of Current Registered Agent  Name  CESNICK MAKOLM A  Street Address (P.O. Box Number is Not Acceptable)  3/55 N 397 STEEET  Suite, Apt. #, Etc.  City  HOWYLOOD  8. I, being appointed the registered agent on the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.  Signature of Registered Agent  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  Officers and/or Directors  City / State / Zip  Officer and/or Director  City / State / Zip		PLEASE READ /	ALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM.	
DOCUMENT # 94,0000 //830  1. Corporation Name  **MALOMAR HOLDINGS, TINC.**  2. Principal Office Address  25/14 HouryLood Bulb Sule, Apr. is, etc.  **Surf # 508  City A State  **DOLE Address  **Surf # 508  City A State  **DOLE Address  **DOLE Address  **DOLE Address  **DOLE Address  **DOLE Address  **TO DO Bereiness in Princip  **Applied of Country  **Applied For To Do Bereiness in Princip  **Applied For To Bereiness in Princip  **Applied		\$1.4EM2	FILED		
Suite, Apt. #, etc.  City  Howwwas, Ft  Suite, Apt. #, etc.  City  Howwwas  Business in Florida  To be Business in Florida  Applied For Not Applied F	1. Corporati	ion Name	•	1	
Sutte # 508	2514 HOLYWOOD BUD 2514 HOLYWOOD BUD				
City & State    Country				4. Date Incorporated or Qualified	
33020   33020   33020   33020   3375 Addition to Every confidence of Status   3375 Addition   3375 Addition of Status   3375 Addition   3375 Addition of Status   3375 Addition   3375	City & State  How	YWOOD, FL	City & State  Howywood, FL	5. FEI Number Applied For	
Street Address (P.O. Box Number is Not Acceptable)  3/155 N 39 STEERT  Striet Address (P.O. Box Number is Not Acceptable)  3/155 N 39 STEERT  Suite, Apt. #, Etc.  City Howywood  8. I, being appointed the registered agent Oyne above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  Pregistered Agent  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  Officers and/or Directors  Street Address 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 LESNICK, Name A 3/55 N. 39 STEERT  Lowywood FA 3300  10. Lertify 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 filling this roinstatement application—the vascon for dissolution has been oliminated, the corporate name satisfies the requirements of sociole 607.0401 f. S., that all fees owed by the corporation has been plug and what accepts of indicated decomed by the corporation under section 119.07(3)(f. F.S. I further certify that when filling this roinstatement application—the vascon for dissolution has been oliminated, the corporate name satisfies the requirements of sociole 607.0401 f. F.S., that all fees owed by the corporation that been plug and what accepts in indicated the requirements of sociole 607.0401 f. F.S. that all fees to requirements of sociole 607.0401 f. F.S. that all fees to requirements of sociole 607.0401 f. F.S. in the information indicated the requirements of sociole 607.0401 f. F.S. in the information indicated	•	'	,		
Signature of Registered Agent  A CHARLES FERED 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 Officer and/or Director  D RESNICK, NAMAGAN A 3/55 N. 39 <sup>TM</sup> STREET  HOUYLOOD, FLA 33000  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 filling this reinstatement application—ture—asson for dissolution has been eliminated, the corporate name satisfies the requirements of section 190.70.401. F.S. that all fees owed by the corporation have been pijd and the amage of individuals listed on this form do not protein ounder section 190.70.401, F.S. that all fees owed by the corporation have been pijd and the amage of individuals listed on this form do not protein ounder section 190.70.401, F.S. that all fees owed by the corporation for which the form do not not protein ounder section 190.70.401, F.S. that all fees owed by the corporation for which the form do not not protein ounder section 190.70.401, F.S. that all fees owed by the corporation for which have been pijd and the amage of individuals listed on this form do not not protein ounder section 190.70.401, F.S. that all fees the corporation of the corporat		Name			
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director Officer and/or Director Director Director Name of Officer and/or Director Director Name of Officer and/or Director Direct	Signature of	igent	Kisuel	12/2/2	
Officer and/or Directors  Officer and/or Director  Unity State 7.2p  Low Yusbook Fix 3300  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 filling 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 plid 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	9. Names a		<u> </u>		
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 filling 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	Titles				
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 plid 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	D	RESNICK, MALLE	2M L 3/55 N. 3974	STREET HOLLYWOOD, FX 33021	
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 plid 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				LS	
SIGNATURE: 12 LOSUNC 12 /2 /20 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	this reins owed by on this a	statement application, the reason for dissor the corporation have been poid and the capplication is true and accurate, and my significant to the capplication is true and accurate, and my significant to the capplication is true and accurate, and my significant to the capplication is true and accurate, and my significant to the capplication is true and accurate, and my significant to the capplication is true and accurate to the capplication is true accurate to the capplication is tru	plution has been eliminated, the corporate name satisfications of individuals listed on this form do not qualify for the same legal effect as if made under the same legal eff	les the requirements of section 607.0401 or 617.0401, F.S., that all fees or an exemption under section 119.07(3)(i), F.S. The information indicated der oath.	

2012

December 12, 2000

Division of Corporations Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

Re: Malomar Holdings, Inc.

To Whom It May Concern:

Please be advised that the above-mentioned Company changed its mailing address during the course of 2000, accordingly, we did not receive any notices or forms at either the old or new address regarding the filing of the Corporate Annual Report.

Enclosed please find a check in the amount of \$150 for payment of the annual registration fee. We further respectfully request that you waive the assessed late fees.

We apologize for any inconvenience caused and thank you for your understanding in this matter.

Very truly yours,

Registered Agent

F:\DATA\2000\Vintage Homes At La Hermitage\Corporate annual report waiver letter.doc