

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 25 AM 8:01

DOCUMENT # 994000068768

1. Corporation Name

W. L. Malone, Enterprises, Inc.

2. Principal Office Address

8001 Surf Drive

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

Zip

32408

Country

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT

95-02

4. Date Incorporated or Qualified

To Do Business in Florida 09/01/1994

5. FEI Number

59-328347-1

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

Diane C. Hare, CPA

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

3003 South HWY 77, Suite A

Suite, Apt. #, Etc.

City

Lynn Haven, Florida 32444

State

FL

Zip Code

32444

800008585088

10/25/02--01020--001 **1808.75

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

Diane C. Hare, CPA

REGISTERED AGENT MUST SIGN

Date 10-21-02

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
Pres.	W. L. Malone	8001-Surf Drive	PCB, FL 32408
VP	Janice Malone	8001 Surf Drive	PCB, FL 32408

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 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:

W. L. Malone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02
Date

850-234-2060
Daytime Phone #

CR2E081 (9/01)