


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 OCT -6 PM 4:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA
AMENDMENT <i>Annual Report</i>			
DOCUMENT # P95000002308			
1. Corporation Name MALTBY's Electric, Inc.			
2. Principal Office Address 2648 NW 62 AVE <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 2648 N.W. 62 AVE <small>Suite, Apt. #, etc.</small>	
City & State MARGATE, FL		City & State MARGATE, FL	
Zip 33063	Country BROWARD	Zip 33063	Country BROWARD
		4. Date Incorporated or Qualified To Do Business in Florida 01/09/95	
		5. FEI Number 65-0547463	Applied For <input type="checkbox"/> Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name KIM C. MALTBY			
Street Address (P.O. Box Number is Not Acceptable) 2648 N.W. 62 AVE			
Suite, Apt. #, Etc.			
City MARGATE		State FL	Zip Code 33063
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 <i>[Signature]</i>		Date 10-04-05	
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
Pres.	SARAH B. MALTBY	2648 NW 62 AVE	MARGATE, FL 33063
V. Pres.	KIM C. MALTBY	2648 NW 62 AVE	MARGATE, FL 33063
V. Pres.	BON FOERTMEYER	10373 S.E. Coconut Lane	Hobe Sound, FL 33455
Secy / Pres	RICK MAHNKE	191 SW 78 TH AVE	MARGATE, FL 33068
		500060502935 10/11/05--01071--021 **70.00	
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: <i>[Signature]</i> President		Date 10-04-05	Daytime Phone # 954-973-9485
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			