PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE Secretary of State DOSCUMENT # P9500002308 1. Corporation Name MALTBY'S ELectric., Inc. 2. Percipal Office Address 2.L. Parcycled Office Address 3. Mailing Office Address 2.L. Parcycled Office Address 3. Mailing Office Address 3. Mailing Office Address 4. Date Incorporation of College Office
Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P9500002308 1. Corporation Name MALTBY'S ELectric., Inc. 2. Principal Office Address 2L48 N.W. 62 AUE Sulfe, Apt. 8, etc. 3. Mailing Office Address 2L48 N.W. 62 AUE Sulfe, Apt. 8, etc. 4. Date incorporated or Qualified 10 Do Business in Provide or 10 Q 9 9 5 PAR GATE, FL MAR GATE, FL MAR GATE, FL Set Number 23 3063 Broward 33063 Broward Broward Replacement Registered Agent Name Name XIM C. MALTBY Street Address (P.O. Box Number in Not Acceptable) 2 (48 N.W. 62 AUE Sulfe, Apt. 8, Etc. Name and Address of Current Registered Agent Name Address (P.O. Box Number in Not Acceptable) 2 (48 N.W. 62 AUE Sulfe, Apt. 8, Etc. NARCATE Street Address (P.O. Box Number in Not Acceptable) 2 (48 N.W. 62 AUE Sulfe, Apt. 8, Etc. Name Address of Current Registered Agent Name Address of Current Registered Agent Registered Agent Registered Agent Name of Officer and/or Directors Name of Officer and/or
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MARGATE, FL MAR GATE, FL (55-0547463 Not Applicable) Zip 33063 Broward 33063 Broward Gerrificate of Status Desired Agent 7. Name and Address of Current Registered Agent Name XIM C MALT BY Street Address (P.O. Box Number is Not Acceptable) Zib 40 N. W. (62 AVE State 533063 8. I. being appointed the registered agent of the pove narged exporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Registered Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Address and/or Directors 7. Name and Address of Current Registered Agent State 70 Code FL 33063 8. I. being appointed the registered agent of the pove narged exporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Address and Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Address and Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 8. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 8. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 8. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 8. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at
33063 Broward Scountry Broward Sacration Desired Agent 7. Name and Address of Curront Registered Agent Name XIM C. MALT BY Street Address (P.O. Box Number is Not Acceptable) Z648 N.W. (e2 AUE Suite, Apt. #, Etc. State FL 33063 8. I. being appointed the registered agent of the Apove named forporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent X Mark Science Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Name of Officers and/or Directors RESISTERE AGENT MUST SIGN Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) RESS. SARPH B. MALTBY Z648 NW 62 AVE MARGATE, FL 33063 NRSS. KIM C. MALTBY Z648 NW 62 AVE MARGATE, FL 33063
7. Name and Address of Current Registered Agent Name XIM C. MALT BY Street Address (P.O. Box Number is Not Acceptable) Zo 48 N. W. (e.Z. Au E. Suite, Apt. #, Etc. State Zip Code FL 33063 8. I, being appointed the registered agent of the Apove named for poration, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Registered 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 City / State / Zip RES. SARAH B. MALTOY 2648 NW 62 AVE MARGATE IL 33063 NRSS. KIM C. MALTOY ZOUR NW 62 AVE MARGATE, FL 33063
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Signature of Registered Agent Resister 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 City / State / Zip RES. SARAH B. MALTOY 2648 NW 62 AVE MARGATE FL 33063 V. FES. KIM C. MALTOY Z648 NW 62 AVE MARGATE, FL 33063
Registered Agent Agent Agent Agent Must SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City/State/Zip PRES. SARAH B. MALTBY Z648 NW 62 AVE MARGATE, FL 33063 V. Pres. KIM C. MALTBY Z648 NW 62 ACE MARGATE, FL 33063
PRES. SARAH B. MALTOY 2648 NW 62 AVE MARGATE, FL 33063 V. Pres. KIM C. MALTOY Z648 NW 62 AVE MARGATE, FL 33063
V. Pres KIM C. MALTOY Z648 NW 62 ADE MARGOTE, FL 33063
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1. Pres RON FOERTMEYER 10373 S.E. Coconut Lane Hobe Sound FT 33455
FRES RICK MATHORKE 191 SW 18th AUE MARgate, FL 33068
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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 thy signature shall have the same legal effect as if made under oath.
SIGNATURE: Amen 6. 1 10-104, Vresi DENT 10-04-05 954-973-9485