PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC 22 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

41,358.25

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12/08/00 01060 015

DOCUMENT # P95000009046

1. Corporation Name

MAL-Enterprises, INC.

2. Principal Office Address	3. Mailing Office Address
P.O. Box 10493	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State
Zip: 34101 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 1/31/95

5. FEI Number: 593290872 — Applied For — Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — Fee for Additional Certified Copy of Certificate of Status

7. Name and Address of Current Registered Agent

Name: Anthony W. Lykins

Street Address (P.O. Box Number is Not Acceptable): 1287 11th Ct. N.

Suite, Apt. #, Etc.:

City: Naples State: FL Zip Code: 341-02

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: Anthony W. Lykins Date: 12/20/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/96)

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
P.	Anthony W. Lykins	1287 11th Ct. N.	Naples, FL. 34102
VP	R.A. Mathers	203 Bahia Pt.	Naples, FL. 34108
S.	Mary L. Lykins	1287 11th Ct. N.	Naples, FL 34102

REINSTATEMENT 96-00 C.

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 quality 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: Anthony W. Lykins 12/20/00 941-591-4131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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-12/08/00--01060--015
**35000.00 ***1358.75

CSC THE UNITED STATES CORPORATION COMPANY

File 1st

ACCOUNT NO. : 072100000032

REFERENCE : 941171 7234621

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 1358.75

FILED
00 DEC 22 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 21, 2000

ORDER TIME : 12:13 PM

ORDER NO. : 941171-010

CUSTOMER NO: 7234621

CUSTOMER: Mr. Anthony Lykins
Mal Enterprises Of Naples,
Post Office Box 10493

Naples, FL 34101

300003510403--0

DOMESTIC FILINGS

NAME: MAL ENTERPRISES OF NAPLES, INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ___ PLAIN STAMPED COPY
XX ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EXT: 1156

EXAMINER'S INITIALS _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
00 DEC 21 PM 12:57
RECEIVED

RECEIVED
00 DEC 22 AM 8:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA