


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 NOV 18 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000059159																																	
1. Entity Name MICHAEL MALKI III INC.																																	
Principal Place of Business 3801 66TH ST NORTH SE. PETERSBURG, FL 33709 12170 RACE TRACK RD		Mailing Address POST OFFICE BOX 8030 CLEARWATER, FL 33758-830 US																															
2. Principal Place of Business		3. Mailing Address																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																															
City & State TAMPA FL		City & State																															
Zip 33626 Country		Zip Country																															
4. FEI Number 59-3328155		Applied For Not Applicable																															
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																															
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																															
MALKI, MICHAEL 3801 66TH ST NORTH SAINT PETERSBURG, FL 33709 12170 RACE TRACK RD TAMPA FL 33626		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																															
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																																	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																															
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																															
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																	
SIGNATURE: _____		Date _____ Daytime Phone # _____																															
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	