
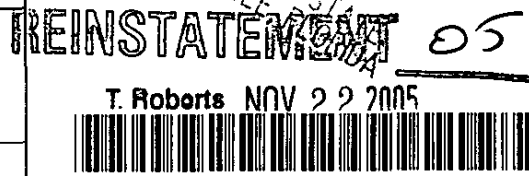


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000038846	
1. Entity Name MICHAEL MALKI IV, INC.	

Principal Place of Business 2400 EAST BAY DRIVE LARGO, FL 33771 US	Mailing Address P O BOX 8030 CLEARWATER, FL 33758-030 US
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2. Principal Place of Business 12170 RACE TRACK RD	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Tampa FL	City & State
Zip 33626	Country



11092005 REIN-P CR2E098 (6/04)

4. FEI Number 59-3439798	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MALKI, MICHAEL 2400 EAST BAY DRIVE LARGO, FL 33771 12170 RACE TRACK RD Tampa FL 33626	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALKI, MICHAEL 2400 E BAY DR LARGO FL 33771 12170 RACE TRACK RD Tampa FL 33626	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500061549965 11/18/05--01048--011 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALKI, LUCINE 2400 EAST BAY DR LARGO, FL 33771 12170 RACE TRACK RD Tampa FL 33626	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date 11/10/05 Daytime Phone # _____