

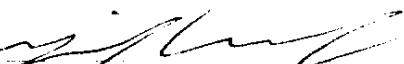


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAY 18 AM 9:26 STATE OF FLORIDA	
DOCUMENT # P97000045557					
1. Corporation Name MALIBU VILLAGE INC					
Principal Place of Business P O BOX 5336 JACKSONVILLE FL 32247		Mailing Address PO BOX 5336 JAX FL 32247			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 2566 S. Atlantic Ave.		3. New Mailing Office Address, If Applicable SAME AS ABOVE		4. Date Incorporated or Qualified To Do Business in Florida 06-01-97	
City & State Daytona Bch Shores, FL		City & State		5. FEI Number 59-3453373	
Zip 32118		Country U.S.		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
P	CHRIS KHAZAL	1257 S UNIVERSITY BLV	JACKSONVILLE FL 32216		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
✓ CHRIS KHAZAL 1257 S UNIVERSITY BLV JAX FL 32216			CHRIS KHAZAL 1257 S UNIVERSITY BLV JACKSONVILLE FL 32216		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			Date 5-18-99		
Signature of Registered Agent 			REGISTERED AGENT MUST SIGN		
11. This corporation owes the current year Intangible Personal Property Tax due June 30.			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)		
12. 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: 			Date 5-18-99		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		