PLEASE READ A	ALL INSTRUCTIONS	BEFORE C	COMPLETING THIS FORM.	
PRICATORY AND	FLORIDA DEPARTME	NT OF STATE	£1 F2 1 1	
PENFINA	Secretary of S	State	98 DEC 17 PM 2: 01	
DOCUMENT # DOZOOC	DIVISION OF CORPO	RATIONS	SECRETARY OF STATE FALLAHASSEE, FLORIDA	
DOCUMENT # P97000091222 1. Corporation Name			TALLAHASSEE, FLORIDA	
FADI MALKI, INC.				
Principal Place of Business Mailing Address				
1905 CUTTY BAY CT OLDSMAR FL 34677 OLDSMAR FL 34677				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				
New Principal Office Address, If Applicable New Mailing Office Address, If Applicable		Applicable	Date Incorporated or Qualified To Do Business in Florida 10/22/1997	
Suite, Apt. #, etc. City & State			5. FEI Number Applied For	
Zip Country	Zip Countr	v	6. \$8.75 Additional Fee required	
			for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip 1				
PRESER FADIMAIK; 1905 Cutty buy		1 4. 1	ct oldsmar f/ 34677	
		<u> </u>		
			859925220002	
		2000027226628 -12/24/9801107015 		
			Dh 12/21	
8. Name and Address of Current Registered Agent Name		Name	9. Name and Address of New Registered Agent	
			Street Address (P.O. Box Number is Not Acceptable)	
1905 CUTTY BAY CT OLDSMAR FL 34677		Sulte, Apt. #, Etc.		
City			State Zip Code	
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.				
Signature of Registered Agent Date //-/8-98				
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				

Fadi Malki Inc.

1905 Cutty bay CT. Oldsmar, Fl 34677

Phone: (727) 424-3539 FAX: (813) 399-2607



Monday, November 16, 1998

FLORIDA DEPARTMENT OF STATE Division of Corporations P. O. Box 6327 Tallahassee, FI 32314

Dear sir or madam

In an attempt to keep my corporation a legal entity in the state of Florida, I made a few telephone calls and written a letter to your office. On August 20, 1998 I received the enclosed letter which meant the issue was resolved. Then I received a revocation notice. When I called, I was asked to write another letter to explain what has happened. Here is a list of what has happened.

- 1. I completed the application and send it with my payment.
- 2. In August 1998 I realized my check was never cashed.
- 3. I Called the Division of Corporations office, I was informed that my application was send back, therefore, I should write a letter explaining what has happen to avoid paying the late fee charge.
- 4. I received a letter indicating everything was fine.
- 5. I mailed the letter, that I was asked to write.
- 6. I received a revocation notice of my corporation.
- 7. I called the division again, I was told to write this letter and enclose a \$150 check.

Please help me resolve this problem, and reinstate my corporation. If you need any information please call me at (727) 424 3539.

Fadi Malki