


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JAN 27 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 573070

1. Corporation Name
MACKA Incorporated

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address 1414 Magliano Dr. Suite, Apt. #, etc. - City & State Boynton Bch Zip 33436 Country PALM BEACH		3. Mailing Office Address 1414 Magliano Dr. Suite, Apt. #, etc. - City & State Boynton Beach Zip 33436 Country PALM BEACH	
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4. Date Incorporated or Qualified To Do Business in Florida 8/77		Applied For Not Applicable
5. FEI Number 59-1926878		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> NO		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name Gary S. Goldstein		
Street Address (P.O. Box Number is Not Acceptable) 1414 Magliano Drive		100865566241
Suite, Apt. #, Etc. Boynton Beach		02/10/06--01015--022 **450.00
City Fla	State FL	Zip Code 33436

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

Gary S Goldstein
REGISTERED AGENT MUST SIGN

Date

1/23/06

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
Pres./V.Pres.	Gary S. Goldstein	1414 Magliano Dr.	Boynton Beach 33436
Sec./Treas.	Barbara Goldstein	1414 Magliano Dr	Boynton Bch 33436

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 qualify for an exemption contained in Chapter 119, 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:

Gary S Goldstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/06

Date

Daytime Phone #

561
304 8903

MALKA INC.
1414 Magliano Drive
Boynton Beach, Florida 33436
(561) 740-3829 - Cell (561) 504-8903 - Fax (561)733-1839

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

To Whom It May Concern:

Enclosed please find check in the amount of \$450.00 to re-instate the above named corporation.

I am requesting that the late fees be waived as the above corporation did not receive any mailings regarding the fees to re-instate as well as any other mailings.

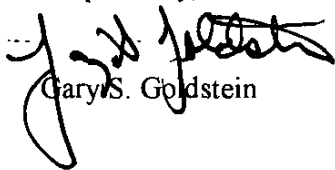
The above mentioned corporation moved and requested a forwarding address but that was never done as no mail was ever received. Because of the hurricanes in 2005 and 2004 there were several months that the mail was not received at the above address or forwarded from the previous address.

As per Scott, a check in the amount of \$450.00 is enclosed with an explanation as to why the payment to reinstate is late.

I am thanking you in advance for your anticipated cooperation in this matter.

Please feel free to contact me directly at 561-504-8903.

Respectfully,


Gary S. Goldstein