

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV -1 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 722391

1. Corporation Name

MALAGA TOWERS CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address  
1920 S. OCEAN DRIVE

3. Mailing Office Address  
1920 S. OCEAN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
HALLANDALE, FLORIDA

City & State  
HALLANDALE, FLORIDA

Zip Country  
33009 USA

Zip Country  
33009 USA

4. Date incorporated or Qualified  
To Do Business in Florida 01/04/1972

5. FEI Number  
591429262

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 2004**

7. Name and Address of Current Registered Agent

Name

BECKER & POLIAKOFF, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1111 STIRLING ROAD

Suite, Apt. #, Etc.

000042363110

11/01/04--01056--022 \*\*236 25

City

FORT LAUDERDALE

State

FL

Zip Code

33312-6525

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

*[Handwritten Signature]*

Date 10-29-04

REGISTERED AGENT MUST SIGN

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
P	LEON HERSKOWITZ	1912 S. OCEAN DRIVE	HALLANDALE, FL 33009
S	ARON SCHLESINGER	1920 S. OCEAN DRIVE	HALLANDALE, FL 33009
D	JACQUES SIBONI	1912 S. OCEAN DRIVE	HALLANDALE, FL 33009
D	VALERIAN KLOPUKH	1912 S. OCEAN DRIVE	HALLANDALE, FL 33009
D	PHIL MELINCK	1912 S. OCEAN DRIVE	HALLANDALE, FL 33009

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 under section 119.07(3)(f), 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:

*[Handwritten Signature: Aron Schlesinger]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

954-456-8639

Date

Daytime Phone #

CR2E081 (01/04)