

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G 13663**

1. Corporation Name

MAKALIKA, INC.

2. Principal Office Address

P. O. BOX 3485

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

Zip

32964

Country

USA

3. Mailing Office Address

P. O. BOX 3485

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

Zip

32964

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/82

5. FEI Number

31-1050337

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSEPH S. CARR

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

251 ISLAND CREEK DRIVE

Suite, Apt. #, Etc.

JOHNS ISLAND

City

VERO BEACH

State

FL

Zip Code

32963

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/23/00

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
PTD	JOSEPH S CARR	150 S. WACKER DRIVE	CHICAGO, IL 60606

REINSTATEMENT

[Handwritten signatures and initials]

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)(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] JOSEPH S. CARR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/00

Date

312-259-3531

Daytime Phone #