

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 27 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G31389**

1. Corporation Name

**MALIBU ESTATES, INC.**

Principal Place of Business

Mailing Address

**2460 TESORO COURT  
KISSIMMEE FL 34744**

**2460 TESORO COURT  
KISSIMMEE FL 34744**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/31/1983**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**59-2293301**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

**\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<b>D</b>	<b>GONZALEZ, FRANCISCO</b>	<b>2460 TESORO COURT</b>	<b>KISSIMMEE FL</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**GONZALEZ, FRANCISCO  
2460 TESORO COURT  
KISSIMMEE FL 34744**

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
*Francisco Gonzalez*  
REGISTERED AGENT MUST SIGN

Date

**11/23/02**

11. 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 REQUIRED**  
*Francisco Gonzalez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/23/02**

Date

**407-3484654**

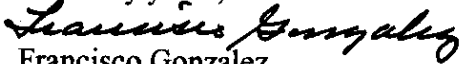
Daytime Phone #

CR2E040 (8/02)

Malibu Estates Inc.  
2460 Tesoro Ct.  
Kissimmee, FL, 34744  
(407)970-1763

Department of Corporations

The reason for this letter is to ask for the reinstatement of Malibu Estates Inc. After sending a late payment, I received a form that I quickly signed. I was later informed I had terminated the corporation. It wasn't my intention and I would like to remain a corporation. If at all possible I would greatly appreciate it if Malibu Estates Inc. could be reinstated as soon as possible. Please contact me if there are any question or difficulties. I would like to apologize for any inconvenience I have caused. Thank you for your cooperation.

Sincerely yours,  
  
Francisco Gonzalez,