PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 DEC 15 AM 9:17
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000020901

1. Limited Liability Company's Name
Malan Properties, LLC

400062203274
12/15/05--01049--005 **250.00

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
4850 NW 17th Ave.	225 NW 26th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33142 Country: USA	Zip: 33127 Country: USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 12/04/2001

6. FEI Number: 010592312 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Michael Malakates

Street Address (P.O. Box Number is Not Acceptable): 225 NW 26th Street

Suite, Apt. #, Etc.

City: Miami State: FL Zip Code: 33127

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 12/13/05

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM	Malakates, Michael	225 NW 26th Street	Miami, FL 33127
MGRM	Lanio, Peter	225 NW 26th Street	Miami, FL 33127

REINSTATEMENT 03-05

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager _____ Date 12/13/5 Daytime Phone # 305 576 7576

Typed or printed name of signing Managing Member/Manager Michael Malakates