


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000026813 1. Entity Name MAALICO, LLC						FILED 07 JUN 29 PM 1:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7582 W. SAND LAKE ROAD ORLANDO, FL 32819				Mailing Address 7582 W. SAND LAKE ROAD ORLANDO, FL 32819			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent MAALI, PASSEL 7582 W. SAND LAKE ROAD ORLANDO, FL 32819				7. Name and Address of New Registered Agent Name MAALI, BASSEL Street Address (P.O. Box Number is Not Acceptable) 7582 W. Sand Lake Road City Orlando FL 32819			
4. FEI Number 06-1654137							
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required							
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Basel Maali</i></u> 6/21/07 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>							
FILE NOW!!! FEE IS \$200.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE MGRM <input type="checkbox"/> Delete NAME MAALI, BASSEL STREET ADDRESS 7582 W SAND LAKE ROAD CITY-ST-ZIP ORLANDO, FL 32819				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 300106017943 STREET ADDRESS 07/12/07--01045--025 **200.00 CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: <u><i>Basel Maali, Manager</i></u> 6/21/07 407-345-9200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							