2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 16 AM 8:53

DOCUMENT # L04000056533

1. Entity Name
MALABAR LANDS, LLC

Principal Place of Business	Mailing Address
304 S. HARBOR CITY BLVD. SUITE 201 MELBOURNE, FL 32901	304 S. HARBOR CITY BLVD. SUITE 201 MELBOURNE, FL 32901

10112005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
1199 S. Patrick Drive	1199 S. Patrick Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Satellite Beach, FL 32937	Satellite Beach, FL 32937
Zip / Country	Zip / Country

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIPRIMA, JOSEPH R
1199 S. PATRICK DRIVE
SATELLITE BEACH, FL 32937

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 Joseph DiPrima 10-20-05
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After January 1, 2006, Fee will be $200.00

MAIL AMENDED REPORT TO:
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE M NAME STREET ADDRESS CITY-ST-ZIP	Joseph DiPrima 1899 S. Patricia Dr Satellite Bch, FL 32937	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400060899794 10/24/05--01066--006 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joseph DiPrima 10-20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #