2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
06 OCT 17 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000113822

1. Entity Name
MALAK FOREST, L.L.C.

Principal Place of Business

Mailing Address

BK

10062006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business	3. Mailing Address
7116 24th Court East	PMB 176, 7282 55th Ave East
Suite, Apt #, etc	Suite, Apt #, etc
City & State: Sarasota, FL	City & State: Bradenton, FL
Zip: 34243 Country: USA	Zip: 34203 Country: USA

4. FEI Number 20-3858731 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAVARY, JOHNSON S JR.,ESQ 1990 MAIN STREET, SUITE 700 SARASOTA, FL 34236	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 ____________ DATE 10-16-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00 After January 1, 2007, Fee will be $100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DDKR, L L C PMB 176, 7282 55TH AVENUE EAST BRADENTON, FL 34203 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700081084447 10/20/06--01066--011 **50.00 ☐ Change ☐ Addition
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REINSTATEMENT 2006

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: ____________ 10/12/06 (941) 727-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #