

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 JUN -2 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700155529317
05/06/09--01020--006 **416.25

CR2E041 (10/08)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000012408

1. Limited Liability Company's Name

Malaka II, LLC

2. Principal Office Address - No P.O. Box #

15001 Montesino Drive

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32828

Country

United States

3. Mailing Office Address

15001 Montesino Drive

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32828

Country

United States

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 2/3/06

6. FEI Number

20-4238598

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

Douglas D. Marks, Esquire

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

360 N. Babcock Street

Suite, Apt. #, Etc.

Suite 104

City

Melbourne

State

FL

Zip Code

32935

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/30/09

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	Elsayed Mohamed Elhady	15001 Montesino Drive	Orlando, Florida 32828

REINSTATEMENT

67-09

AL

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 608.406, 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

[Signature]

Date

4/29/09

Daytime Phone #

(321) 223-2047

Typed or printed name of signing Managing Member/Manager Elsayed Mohamed Elhady