2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000091907

Entity Name
MALAHI DEVELOPMENT, LLC

08

FILED
08 OCT 31 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1935 N LAURA ST. STE A
JACKSONVILLE, FL 32206

Mailing Address
1935 N LAURA ST. STE A
JACKSONVILLE, FL 32206

10262008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2785 Cruse Rd
Suite, Apt. #, etc	Suite, Apt. #, etc. Ste. 3
City & State	City & State Lawrenceville, GA
Zip / Country	Zip 30044 / Country United States

4. FEI Number 20-0384200 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, DUKE
1935 N LAURA ST. STE A
JACKSONVILLE, FL 32206

BK

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 Duke Brown
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $138.75
After January 1, 2009, Fee will be $277.50

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	MGRM ☑ Delete DARE II DREAM ENTERPRISES, INC. 2714 BOTTICELLI DRIVE HENDERSON, NV 89502	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800137739268 11/07/08--01026--016 **139.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGAM ☐ Delete Amin-Tiye Akida 2785 Cruse Rd. Ste. 3 Lawrenceville, GA 30044	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 2008
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete REINSTATEMENT	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

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: Amin-Tiye Akida 10/28/08 347-206-2178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #