

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 24 PM 4:06

DOCUMENT # M44954

1. Corporation Name

M.A.L.G.P., Inc.

2. Principal Office Address

320 Animas Springs Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

320 Animas Springs Rd.

Suite, Apt. #, etc.

City & State

Dunango, Co.

Zip

81301

Country

USA

City & State

Dunango, Co.

Zip

81301

Country

USA

**REINSTATEMENT** 01

4. Date Incorporated or Qualified  
To Do Business in Florida

1/16/1987

**SP**

5. FEI Number

59-2767518

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARC A. LINDEN

400004679524--7

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

5270 LINTON BLVD

-11/14/01-01092-023

\*\*\*\*750.00 \*\*\*\*750.00

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33484

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/22/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>MARC A. LINDEN</u>	<u>320 Animas Springs Rd</u>	<u>Dunango, Co. 81301</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

[Signature]

MARC A. LINDEN, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/01 970-749-7392

Date

Daytime Phone #

CR2E001 (9/00)