PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 12 PM 12:07

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05/23/06--01048--014 **1358.75

CR2E081 (12/05)

DOCUMENT # P00000020828

1. Corporation Name
Malabo, Inc.

2. Principal Office Address	**3.** Mailing Office Address
1111 Kane Concourse	6201 SW 41 Place
Suite, Apt. #, etc.: Suite 401	Suite, Apt. #, etc.:
City & State: Bay Harbour, FL	City & State: Davie, FL
Zip: 33135 Country: Miami-Dade	Zip: 33314 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 2/29/2000

5. FEI Number: 65-1004698 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Kerry Bennett

Street Address (P.O. Box Number is Not Acceptable): 6201 SW 41 Place

REINSTATEMENT 05-06

Suite, Apt. #, Etc.:

City: Davie, State: FL Zip Code: 33314

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: Kerry Bennett — REGISTERED AGENT MUST SIGN — Date: 5/10/06

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
P	Kerry Bennett	6201 SW 41 Pl.	Davie, FL 33314

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 contained in Chapter 119, 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: Kerry Bennett — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 5/10/06 — Daytime Phone #: 954-584-4885

M. Williams MAY 12 2006