

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000078033**

1. Corporation Name

MALO WESTE, INC

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

8335. Deerfield AVE

Suite, Apt. #, etc.

Unit # 7

City & State

Deerfield Beach

Zip

33441

Country

Broward

3. Mailing Office Address

4060 NW 2nd CT

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33445

Country

Palmer Beach

7. Name and Address of Current Registered Agent

Name

Francisca D. Flores Weste

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

4060 NW 2nd CT

Suite, Apt. #, Etc.

City

Delray Beach, FL 3

State

FL

Zip Code

33445

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

Francisca Weste

REGISTERED AGENT MUST SIGN

Date **01-29-09**

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	Francisca D. Flores Weste	4060 NW 2nd CT	Delray Beach, FL 33445
VP	Nelson A. Miranda	2800 S.W 22nd AVE #104	Delray Beach, FL 33445
M	Luis M. Flores	4060 NW 2nd CT	Delray Beach, FL 33445

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:

Francisca Weste

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-09 561-212-4007

Date

Daytime Phone #

FILED

09 FEB -5 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300142890003
02/05/09--01009--015 **158.75

12-15-08 01064 004 \$150.00
REINSTATEMENT 08-09
CR22081-(12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

07-18-2008

5. FEI Number

59-3803145

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The 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 reinstatement fee be waived.