

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR 28 AM 12:14

REINSTATEMENT 2011

DOCUMENT # P04000102206

1. Corporation Name

MALEK INVESTMENTS, INC.

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

10761 49TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

Zip

33762

Country

US

Zip

Country

100199355001
03/25/11--01037--010 **300.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

7/08/04

5. FEI Number

20-1346862

☐ 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

ZENAIDA G. PAGUIO

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

2080 BRENDLA ROAD

Suite, Apt. #, Etc

City

CLEARWATER

State

FL

Zip Code

33755

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

Zenaida G. Pagui
REGISTERED AGENT MUST SIGN

Date 3/18/2011

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
PRES	ZENAIDA G. PAGUIO	2080 BRENDLA RD	CLEARWATER FL 33755
MGR	RAAD KHABLAWI	2080 BRENDLA RD	CLEARWATER FL 33755

10. E-mail Address: yowe5461@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Zenaida G. Pagui

3/18/11

7272601368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/11