

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

00 JAN 27 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA7000028105

1. Corporation Name
MALAGA PROPERTIES, INC.
8490 S.W. 8TH STREET
MIAMI, FL 33144

Mailing Address Principal Place of Business
8490 S.W. 8TH STREET
MIAMI, FL 33144

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable
888 N.W. 27TH AVE.

3. New Principal Office Address, If Applicable
888 N.W. 27TH AVE.

Suite, Apt. #, etc.
SUITE NO. 4

Suite, Apt. #, etc.
SUITE NO. 4

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country
33125 USA

Zip Country
33125 USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/27/1997

5. FEI Number
65-0739199

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 - Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	EMILIANO ANTUNEZ	888 N.W. 27TH AVE. SUITE NO. 4	MIAMI, FL 33144

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-02/01/00-01120-006

******900.00 ****900.00**

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EMILIANO ANTUNEZ
6301 COLLINS AVE., #3103
MIAMI BEACH, FL 33141

Name
EMILIANO ANTUNEZ
Street Address (P.O. Box Number is Not Acceptable)
888 N.W. 27TH AVE.
Suite, Apt. #, Etc.
SUITE NO. 4
City
MIAMI, State
FL Zip Code
33144

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **1/26/00**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/00 **305 269-8886**

CR2E040 (6/94)