CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 AUG -7 AM 11: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000045135

1. Corporation Name

Malibu Holdings, Inc.

REINSTATEMENT 03-06 DSC

CR2E081 (12/05)

2. Principal Office Address	**3. Mailing Office Address**
550 S. Ocean Blvd.	15301 Venture Blvd.
Suite, Apt. #, etc. # 103-E	Suite, Apt. #, etc. Bldg. B Suite 480
City & State Manalapan, FL	City & State Sherman Oaks, CA

| Zip 33462 | Country USA | Zip 91403 | Country USA |

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 582427445 ☐ 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
Drennen L. Whitmire, Jr., Esquire

Street Address (P.O. Box Number is Not Acceptable)
660 U.S. Highway One, Third Floor

Suite, Apt. #, Etc.

City North Palm Beach | State FL | Zip Code 33408

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 _____
REGISTERED AGENT MUST SIGN

Date 7/24/06

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
D /P	Cynthia Howar	3940 Highwood Court NW	Washington, DC 20007
			300078619303
			09/11/06--01009--001 **1208.75

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: _____ 7/20/06 212-257-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #