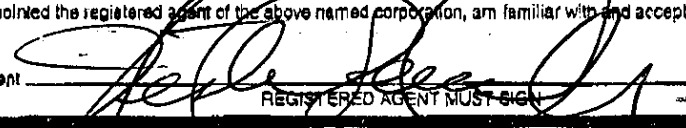


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE CORPORATION REINSTATEMENT Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 JAN 23 PM 3:01 SECRETARY OF STATE TALLAHASSEE FLORIDA																								
DOCUMENT # P99000037295 1. Corporation Name Malaga Landmark, Inc.																										
2. Principal Office Address 3362 SW 24 ST Suite, Apt. #, etc. Ste 101 City & State Miami, FL Zip 33145 Country Miami-Dade		3. Mailing Office Address 9769 S Dixie Hwy Suite, Apt. #, etc. Ste 101 City & State Miami, FL Zip 33156 Country Miami-Dade																								
		REINSTATEMENT 2000 4. Date incorporated or Qualified To Do Business in Florida 4-23-1999 5. FEI Number 65-1029044 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 Nestor Perahta Street Address (P.O. Box Number is Not Acceptable) 3362 SW 24 ST Suite, Apt. #, Etc. Ste 101 City Miami State FL Zip Code 33145																										
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S. Signature of Registered Agent  Date _____ REGISTERED AGENT MUST SIGN																										
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Nestor Perahta</td> <td>3362 SW 24 ST</td> <td>Miami, FL 33145</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	President	Nestor Perahta	3362 SW 24 ST	Miami, FL 33145																
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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 under section 119.07(3)(f), 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:  KE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____																										