2052

Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)222-1222

CORPORATION REINSTATEMENT

MALIBU INTERNATIONAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00

Please Credit 600.00 Since they didn't get notice Thanks Seth.

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2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
09 MAR -9 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S78595

1. Entity Name
MALIBU INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
19495 BISCAYNE BLVD. #410 AVENTURA, FL 33180	19495 BISCAYNE BLVD. #410 AVENTURA, FL 33180

REINSTATEMENT 08-09

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11844 Searsdale Way	19955 NE 38 Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1801
City & State: Boca Raton	City & State: Aventura
Zip: 33496 County:	Zip: 33180 County:

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

5. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MICKLEWHITE, EZRA 19495 BISCAYNE BLVD. #410 AVENTURA, FL 33180	Name: Micklewhite, Ezra Street Address (P.O. Box Number is Not Acceptable) 19955 NE 38 Ct #1801 City: Aventura FL Zip Code: 33180

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ 02-23-09
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered agent signature required when reinstating. DATE

FILE NOW!!! FEE is $150.00
After January 1, 2008, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO FRAZER, ROLOUS 19495 BISCAYEN BLVD.,#410 AVENTURA, FL 33180	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS MICKLEWHITE, EZRA 19495 BISCAYNE BLVD.,#410 AVENTURA, FL 33180	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 02-23-09 954 302-8929
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR Date Daytime Phone #