

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 16 PM 2:13

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V31416

1. Corporation Name

MALCON CORP.

~~002-54844~~

700111639237
11/02/07--01030--004 **300.00

REINSTATEMENT 06-07

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

9300 NW 58 Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

City & State -

MIAMI, FLA

City & State -

Zip

178
33015

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/1992

5. FEI Number

65-0339763

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

ERNESTO MALAGA

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

9300 NW 58 Street

Suite, Apt. #, Etc.

Suite 202

City

MIAMI

State

FL

Zip Code

33178

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

10/31/07

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
PDS	ERNESTO N. MALAGA	9300 NW 58 St. Ste 202	MIAMI, FLA 33178

600112634196
11/28/07--01007--018 **600.00

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: ERNESTO N. MALAGA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/07 786-336.0601

Date

Daytime Phone #