

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LO0000012698

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUN 20 PM 1:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # LO0000012698

1. Limited Liability Company's Name

Madison LLC

2. Principal Office Address

2024 Larchmont Dr

3. Mailing Office Address

P.O. Box 1386

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deland

City & State

Deland

Zip # 32724 Country US

Zip 32721 Country US

4. State/Country of Formation

Florida

5. Date Organized or Qualified:

To Do Business in Florida Oct 16 2000

6. FEI Number

59-3678654

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Ivan Lefkowitz, ESQ

Street Address (P.O. Box Number is Not Acceptable) 430 N Mills Ave

Suite, Apt. #, Etc.

City Orlando

State FL

Zip Code 32803

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [Signature]
REGISTERED AGENT MUST SIGN

Date 6-17-02

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>Mgr</u>	<u>James V. Talab</u>	<u>2024 Larchmont Dr Deland FL 32724</u>	<u>Deland FL 32724</u>
<u>Mgr</u>	<u>Ivan Lefkowitz</u>	<u>430 N Mills Ave</u>	<u>Orlando FL 32803</u>

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager [Signature] Date 6/17/02 Daytime Phone # 386-740-1377

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)