


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN -9 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000086594

1. Corporation Name

FLORIDA MADISON INVESTMENT CORP.
1124 KANE CONCOURSE
BAY HARBOR ISLANDS, FLORIDA 33154

2. Principal Office Address

1124 KANE CONCOURSE

3. Mailing Office Address

1124 KANE CONCOURSE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BAY HARBOR ISLANDS, FL

City & State

BAY HARBOR ISLANDS, FL

Zip

33154

Country

USA

Zip

33154

Country

USA

REINSTATEMENT 07

200025486162

12/15/03--01011--026 **750.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

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

RICHARD WASERSTEIN

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

1124 KANE CONCOURSE

Suite, Apt. #, Etc.

City

BAY HARBOR ISLANDS

State

FL

Zip Code

33154

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

12-29-03

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
PSD	FERNANDO SARLENGA	9601 COLLINS AVE., UNIT1709	BAL HARBOUR, FL 33154
VP D	DANIEL ALBERTO SARLENGA	9601 COLLINS AVE., UNIT 1709	BAL HARBOUR, FL 33154
VP D	DELIA NELIDA FORCADA DE SARLE	9601 COLLINS AVE., UNIT 1709	BAL HARBOUR, FL 33154

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 the individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/26/03

CR2E081 (10/02)