


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


DOCUMENT # 746746		
1. Entity Name MADEIRA EL-MAR, INC.		

Principal Place of Business 95 144TH AVE MADEIRA BCH., FL 33708-2103	Mailing Address PO BOX 2943 TAMPA, FL 33601-2943
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2. Principal Place of Business - No P.O. Box # 95 144TH AVE	3. Mailing Address 4409 KENDAL CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

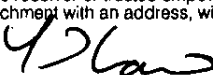
City & State MADEIRA BEACH FL	City & State VALRICO FL
Zip 33708	Zip 33596
Country USA	Country USA

6. Name and Address of Current Registered Agent GIBBY, STEPHEN H 85 144TH AVENUE #2-A MADEIRA BEACH, FL 33708		7. Name and Address of New Registered Agent Name TOD CARANO Street Address (P.O. Box Number is Not Acceptable) 4409 KENDAL CT City VALRICO FL Zip Code 33596	
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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  TOD CARANO (PD)	DATE 1-29-09
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GIBBY, STEPHEN H 85 144TH AVENUE NORTH # 2-A MADEIRA BEACH, FL 33708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROXANNE CARANO 4409 KENDAL CT VALRICO FL 33596 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARANO, TOD 95 144TH AVENUE #4 MADEIRA BEACH, FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOD CARANO 4409 KENDAL CT VALRICO FL 33596 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADYE, STEVE 85-144TH AVENUE EAST #1-A MADEIRA BCH, FL 337082103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600142712296 02/03/09--01016--016 **122.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$72/3 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:  TOD CARANO (PD)	DATE 1-29-09 DAYTIME PHONE # 813-784-5158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

FILED
09 FEB -3 PM 5:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 01-29-09 (1/07) 08-09