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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN -2 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004761

1. Corporation Name
Madero Trading LTD., Inc.

2002 LBR

000009781890
01/02/03--01025--004 **150.00

2. Principal Office Address
P O Box 7547

Suite, Apt. #, etc.

City & State
Orlando, FL 32854

Zip
32854

3. Mailing Office Address
PO Box 7547

Suite, Apt. #, etc.

City & State
Orlando, FL 32854

Zip
32854

4. Date Incorporated or Qualified To Do Business in Florida
09/14/1994

5. FEI Number
59-3267125

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Troy Deal

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

Suite, Apt. #, Etc.

City
Winter Park,

State
FL

Zip Code
32789

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

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
PD	Troy Deal	277 Trismon Terrace	Winter Park, FL
STD	Doralisa Fishalow	2811 Carl Terrace	Orlando, FL

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 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: 12/27/02
Daytime Phone #:

CR2E08 (9/01)

BB

2082

Medero Trading LTD., Inc.
P O Box 7547
Orlando, FL 32854

Dept of State Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399
Phone # 850-245-6059

December 26, 2002

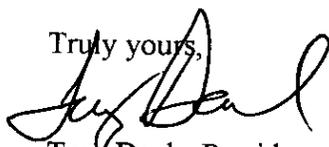
Document #: **F94000004761**
Company Name: **Medero Trading LTD., Inc.**
Subject: **Reinstatement**

To Whom It May Concern:

I request a waiver due to non-receipt of previous Uniform Business Report.

I understand that due to non receipt, I have enclosed a check in the amount of \$150.00.

Truly yours,



Troy Deal - President