

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2



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.

2002408

2. Principal Office Address

P O Box 7547

Suite, Apt. #, etc.

City & State

Orlando, FL 32854

Zip

32854

Country

3. Mailing Office Address

PO Box 7547

Suite, Apt. #, etc.

City & State

Orlando, FL 32854

Zip

32854

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/14/1994

5. FEI Number

59-3267125

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

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

Daytime Phone #

12/27/02

CR2E081 (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

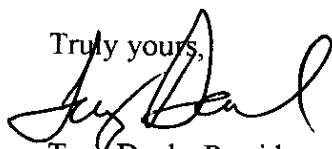
Document #: **F94000004761**  
Company Name: **Medero Trading LTD., Inc.**  
Subject: **Reinstatement**

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