

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004761**

1. Corporation Name

MADERO TRADING LTD., INC.

Principal Place of Business

Mailing Address

P.O. BOX 7547
ORLANDO FL 32854

P.O. BOX 7547
ORLANDO FL 32854

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DEAL, TROY	277 TRISMON TER	WINTER PARK FL
STD	FISHALOW, DORALISA	2811 CARL TERR	ORLANDO FL

800023854358
10/16/03--01039--017 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEAL, TROY
277 TRISMON TERR
WINTER PARK FL 32789

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Date

10/14/03

REGISTERED AGENT MUST SIGN

11. 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 #

CR2E040 7/03

MADERO TRADING LTD., INC.

Florida Department of State
Division of Corporations
Annual Report / Reinstatement Section
PO BOX 6327
Tallahassee, FL 32314-6327

October 14, 2003

Document # F94000004761

Company Name: Madero Trading Ltd., Inc.

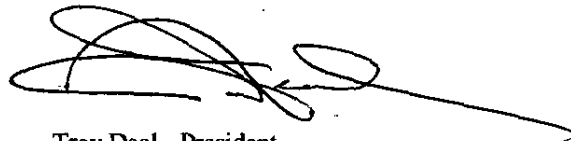
Subject: Reinstatement

To whom it may concern:

We hereby request a waiver of the penalty due to the non-receipt of previous Uniform Business Reports. Enclosed please find our \$150.00 for the filing as required.

Thank you for your assistance.

Truly yours

A handwritten signature in dark ink, appearing to read 'Troy Deal', with a long horizontal flourish extending to the right.

Troy Deal - President