

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

97 SEP 25 AM 11:13

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # K 29435

1. Corporation Name

MADELYN FINANCIAL CORP.

W97-21449

Principal Place of Business

Mailing Address

14541 S.W. 93rd Ave.  
 Miami, Florida 33176

**REINSTATEMENT**

89-9700

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

4. Date Incorporated or Qualified To Do Business in Florida

7-26-88

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0074217

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	James A. Boswell	14541 S.W. 93rd Ave.	Miami, Fla. 33176
D	Mitchell Sherman	301 Yamato Road, Suite 1200	Boca Raton, Fla. 33431

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 -09/25/97--01106--012  
 \*\*\*1767.50 \*\*\*1767.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Mitchell A. Sherman  
 301 Yamato Road, Suite 1200  
 Boca Raton, Florida 33431

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.

Signature of Registered Agent

*Mitchell A. Sherman*

Mitchell A. sherman

REGISTERED AGENT MUST SIGN

Date 9/21/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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:

*James A. Boswell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 James A. Boswell

9/21/97  
 Date

(305) 251-8021  
 Daytime Phone #

CR2E040 (1/2/96)