

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

L01000022310

FILED

03 JAN 24 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000022310

Name and Mailing Address

0004584 01 FP 0.352 \*\*PRSR T4 0 0615 33460-433311  
MADOP LLC  
1711 6TH AVE. SOUTH  
LAKE WORTH FL 33460-4333



2. New Mailing Address

7491 WEST OAKLAND PARK BLVD # 100

City, State, Zip

LAUDERHILL, FL 33319

Principal Place of Business

1711 6TH AVE. SOUTH  
LAKE WORTH FL 33460

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

12/20/2001

6. FEI Number

01-0676156

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

LICHTSCHEIN, TEDDY  
1711 6TH AVE. SOUTH  
LAKE WORTH FL 33460

9. Name and Address of New Registered Agent

Name

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

200009384132  
12/06/02--01013--002 \*\*150.00

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/02/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEMBER	RON OSTROFF	7491 W. OAKLAND PARK BLVD	LAUDERHILL, FL 33319
MEMBER	TEDDY LICHTSCHEIN	7491 W. OAKLAND PARK BLVD	LAUDERHILL, FL 33319
REINSTATEMENT		2002-2003	200009384132 01/24/03--01029--002 **50.00
		OK	

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

Date

1/20/03

Daytime Phone #

954-578-1946

Typed or printed name of signing Managing Member/Manager

RON OSTROFF

CR2E084 (8/02)