

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 OCT -3 AM 9:47

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000019562

1. Limited Liability Company's Name

MADUSSA, LLC

400023550284  
10/03/03--01082--008 \*\*150.00

2. Principal Office Address

6900-29 DANIELS PKY

Suite, Apt. #, etc.

#193

City & State

FT. MYERS FL

Zip

33912

Country

US

3. Mailing Office Address

12651 METRO PKWY

Suite, Apt. #, etc.

SUITE #2

City & State

FT. MYERS FL

Zip

33912

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

8/01/2002

6. FEI Number

51-0424510

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

Name

DON VIDUSSI

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

6900-29 DANIELS PKWY

Suite, Apt. #, Etc.

#193

City

FT. MYERS

State

FL

Zip Code

33912

9. 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

9/30/03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	STEVEN J MAGNER	841 SE 8 <sup>TH</sup> TERRACE	CAPE CORAL FL 33990
MGR	ANDREW GLADSTEIN	5328 COLONY CT.	CAPE CORAL FL 33904

REINSTATEMENT 2003 9

11. 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

9/30/03

Daytime Phone #

239-561-7502

Typed or printed name of signing Managing Member/Manager

STEVEN J MAGNER

CR2E041 (10/02)