

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000024720

Name and Mailing Address

0004254 01 AT 0.292 \*\*AUTO TB 0 0615 32953-453145



MADISON VENTURE LIMITED LIABILITY COMPANY  
1045 N COURTENAY PKWY  
MERRITT ISLAND FL 32953-4531



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/23/2002	
Principal Place of Business 1045 N COURTENAY PKWY MERRITT ISLAND FL 32953	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 56-2296613	Applied For Not Applicable
8. Name and Address of Current Registered Agent AGGARWAL, MUKESH C 1045 N COURTENAY PKWY MERRITT ISLAND FL 32953		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box) 100023985804 10/21/03--01139--008 **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 <u>SIGNATURE REQUIRED</u> Date <u>10-17-03</u> REGISTERED AGENT MUST SIGN			
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
Dr.	Mukesh C. Aggarwal	1045 N. COURTENAY PKWY	MERRITT ISLAND FL 32953

REINSTATEMENT 03 dec

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 608.40, 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 SIGNATURE REQUIRED Date 10-17-03 Daytime Phone # 321 452-4412  
Typed or printed name of signing Managing Member/Manager