

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LO2000031474**

1. Limited Liability Company's Name

Madison II, LLC **9/14/07**

FILED

09 APR 21 AM 11:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 10301 Marchmont Ct		3. Mailing Office Address 12157 W. Linebaugh	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Unit 370	
City & State Tampa FL		City & State Tampa, FL	
Zip 33626	Country USA	Zip 33626	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 11/22/2002	
6. FEI Number 202169428	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Rene' Kronvold		
Street Address (P.O. Box Number is Not Acceptable) 3719 Tacon St		
Suite, Apt. #, Etc.		
City Tampa	State FL	Zip Code 33629

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Rene' Kronvold

REGISTERED AGENT MUST SIGN

Date **4/14/09**

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	Humaid Masarood	51 Martinique Ave.	Tampa, FL 33606
REINSTATEMENT	2007-2009	900150699269	04/16/09--01044--012 **516.25
np	4/23/09		

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

Humaid Masarood

Date

4/14/09

Daytime Phone # **011971504444881**

Typed or printed name of signing Managing Member/Manager

Humaid Masarood