


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L04000001637

1. Limited Liability Company's Name

MADELINE, LLC

2. Principal Office Address - No P.O. Box #

5414 Glenmore Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

Zip

33813

Country

USA

Zip

Country

8. Name and Address of Current Registered Agent

Name

Fay Marie Troiano

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

5414 Glenmore Drive

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

12/31/03

6. FEI Number

59-3776138

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

☐ 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

*Fay Marie Troiano*  
REGISTERED AGENT MUST SIGN

Date

8/12/08

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	Fay Marie Troiano	5414 Glenmore Drive	Lakeland, FL 33813

REINSTATEMENT 04-08

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

*Fay Marie Troiano*

Date 8/12/08

Daytime Phone #

863-709-2267

Typed or printed name of signing Managing Member/Manager