

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -7 PM 1:18

DOCUMENT # L30644

1. Entity Name
MADSEN REALTY & MANAGEMENT, INC.



Principal Place of Business
200 SW 8TH AVE. 2020 SW 8TH AVE
BOCA RATON, FL 33486 US

Mailing Address
200 SW 8TH AVE 2020 SW 8TH AVE
BOCA RATON, FL 33486 US

REINSTATEMENT 04-05



2. Principal Place of Business
2020 SW 8TH AVE

3. Mailing Address
2020 SW 8TH AVE

Suite, Apt. #, etc.
Same

Suite, Apt. #, etc.
Boca Raton FL

City & State

City & State

03112005 REIN-P CR2E098 (6/04)

4. FEI Number
65-0170031

Applied For
Not Applicable

Zip Country

Zip Country
33486 Pa/m Barch

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MADSEN, MARIANNE
2020 SW 8TH AVENUE
BOCA RATON, FL 33486

Name

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

City

FL

Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME MADSEN, MARIANNE
STREET ADDRESS 2020 SW 8TH AVE.
CITY- ST- ZIP BOCA RATON, FL 33486

TITLE
NAME 200051208922
STREET ADDRESS 04/19/05--01050--010
CITY- ST- ZIP **300.00

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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marianne Madsen

Date

3/15/05

Daytime Phone #