

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF A DEPARTMENT OF STATE
Sand B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003161

1. Corporation Name

MADELINE'S COMMUNITY IMMIGRATION SERVICES, INC.

Principal Place of Business

Mailing Address

2370 NW 36TH STREET

7370 NW 36TH STREET

#388

#388

MIAMI FL 33166

MIAMI FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8180 N.W. 36 ST

3. New Mailing Office Address, If Applicable

8180 N.W. 36 ST

Suite, Apt. #, etc.

305

Suite, Apt. #, etc.

305

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33166

Country

U.S.A.

Zip

33166

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

07/03/1995

5. FEI Number

65-0647567

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	RODGERS, CARLOS	7370 NW 36TH STREET #388 8180 N.W. 36 ST # 305	MIAMI FL 33166
D/M	RODGERS MADELINE	8180 N.W. 36 ST # 305	MIAMI FL 33166
D/T/S	MADONNA BEATRIZ	8180 N.W. 36 ST #305	MIAMI FL 33166

200002339192--1
-11/05/97--01088--002
*****70.00 *****28.00

8. Name and Address of Current Registered Agent

RODGERS, CARLOS
7370 NW 36TH STREET
#388
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name

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

8180 N.W. 36 ST

Suite, Apt. #, Etc.

305

City

MIAMI

State

FL

Zip Code

33166

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Carlos Rodgers

REGISTERED AGENT MUST SIGN

Date 10/31/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Madeline Rodgers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-31-97.

Daytime Phone #

CR2E040 (8/97)

①

12-31-97

To Division of Corporation Dept.

Madeline's Comm. INS. INC. Send out ~~the~~ on
7/22/97. The Nonprofit Corp. Annual Report
With the Check. of \$61.25. ~~00~~

I Call on 9-27-97. to find out why
we having Received Any Information.
The Person I spoke to told me that the Dept
have not Ricived any letter...

Please help me with this Problem. I need
to have this in force.

If you have any Question
Please Call Madeline Rodgers.
(305) 499-9103.

This is my Direct Line.

Thank You.
MR