

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**


2008 APR 23 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400125282004  
04/23/08--01017--012 \*\*150.00

CR2E081 (12/07)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000010970

1. Corporation Name  
**P.C. MADRIGAL, INC.**

2. Principal Office Address - No P.O. Box # <b>1142 SW 122 AVE.</b>		3. Mailing Office Address <b>SAME</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>PEMBROKE PINES, FL</b>		City & State	
Zip <b>33025</b>	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida **02/01/2000**

5. FEI Number  Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**PAULA ANDREA CANO ALVAREZ**

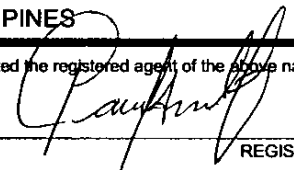
Street Address (P.O. Box Number is Not Acceptable)  
**1142 SW 122 AVE.**

Suite, Apt. #, Etc.

City <b>PEMBROKE PINES</b>	State <b>FL</b>	Zip Code <b>33025</b>
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The 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  \_\_\_\_\_ Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

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

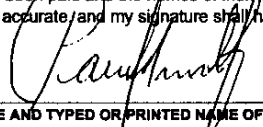
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	PAULA ANDREA CANO ALVAREZ	1142 SW 122 AVE.	PEMBROKE PINES, FL 33025

REINSTATEMENT

12/20/07 01009 024 \$1058.75

01-08

10. 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 contained in Chapter 119, 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:  \_\_\_\_\_ Date **04-22-08** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

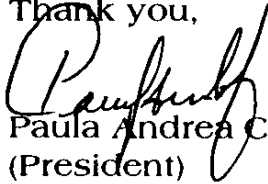
Date Daytime Phone #

*P.C. MADRIGAL, INC.*  
*1142 SW 122 ave.*  
*Pembroke Pines, FL 33025*

To Whom It May Concern:

Please be aware that I never received the rejected letter from your office regarding the 2007 UBR, I am sending the corrected form along with the payment for 2008. I have also made changes to my address and would like for you to do the same.

Thank you,



Paula Andrea Cano Alvarez  
(President)