

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000011015

1. Entity Name
MADISON WEST, INC.



Principal Place of Business
1509 N MILITARY TRAIL
WEST PALM BEACH, FL 33409

Mailing Address
1509 N MILITARY TRAIL
SUITE 115
WEST PALM BEACH, FL 33409

APPROVAL
AND
FILED
04 DEC -2 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10192004

REIN-P

CR2E098 (6/04)

4. FEI Number
65-0981761

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name: DeSantis, Gastill Smith & Shenkman, P.A.
Street Address (P.O. Box Number is Not Acceptable):
Attn: Robert C. Hackney, Esq.
11891 U.S. Highway 1, Ste. 100
City: North Palm Beach FL Zip Code: 33408

8. 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.

Robert C. Hackney

10/9/04

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete
NAME: BOYD, ALBERT JR
STREET ADDRESS: 1489 N MILITARY TRAIL SUITE 115
CITY-ST-ZIP: WEST PALM BEACH, FL 33409

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: 600042152536 A.H.
STREET ADDRESS: 10/25/04 01075 021 **150.00
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: 100043244881
STREET ADDRESS: 12/07/04--01072--001 **150.00
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

Albert Boyd, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert Boyd, Jr., Director 10/20/04 (561) 305-2771
Date Daytime Phone #