

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000049106

1. Corporation Name

MADISON HOMES, INC.

Principal Place of Business

9180 PERTH RD
LAKE WORTH FL 33467

Mailing Address

9180 PERTH RD
LAKE WORTH FL 33467

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

02

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/2001

5. FEI Number

65-1129604

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GERST, TODD	9180 PERTH RD	LAKE WORTH FL 33467
D	GERST, TANIA	9180 PERTH RD	LAKE WORTH FL 33467

300008636693

10/28/02--01120--011 **758.75

8. Name and Address of Current Registered Agent

GERST, TODD
9180 PERTH RD
LAKE WORTH FL 33467

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/24/02

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/02 561-436-9057

Block 7 (cont'd.....)

TITLE 1	NAME OF 2 OFFICERS/DIRECTORS	3 STREET ADDRESS	4 CITY/STATE/ZIP
D	TAPIA, MOIEZ	5904 SW 64 PL	MIAMI FL 33143
D	BAKSH, ALLAUDDIN	2671 FOREST DRIVE	MIRAMAR FL 33025
D	MOHAMMED, JUDY	16131 SW 2 DRIVE	PEMBROKE PINES FL 33027
P	HUSSAIN, KEM	10600 SW 59 ST	COOPER CITY FL 33328
S	ISHOOF, SAIF	11450 SW 60 AVE	MIAMI FL 33156
T	MOHAMMED, JAVED	2506 ACAPULCO DR	MIRAMAR FL 33025