

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000058119

1. Corporation Name

MADYRADIO.COM, INC.

Principal Place of Business

73 S. PALM AVE  
SUITE 221  
SARASOTA FL 34236

Mailing Address

73 S. PALM AVE  
SUITE 221  
SARASOTA FL 34236

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

4. Date Incorporated or Qualified  
To Do Business in Florida

06/04/2001

5. FEI Number

65-1113307

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
PD	ROACH, JAMES L	73 S. PALM AVE. SUITE 221	SARASOTA FL 34236
VTD	MCKEON, MADELINE G	73 S. PALM AVE SUITE 221	SARASOTA FL 34236
SD	ERICSSON, ANN M	73 S. PALM AVE SUITE 221	SARASOTA FL 34236

8. Name and Address of Current Registered Agent

MCKEON, MADELINE G  
73 S. PALM AVE  
SUITE 221  
SARASOTA FL 34236

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

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

*Madeline G. McKeon*  
REGISTERED AGENT MUST SIGN

Date

10/23/03

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:

ANN M. ERICSSON  
*Ann M. Ericsson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-24-03

Daytime Phone #

441-359  
2621

MadyRadio.com  
73 S Palm Avenue  
#221  
Sarasota, Florida  
34236

Florida Department of State  
Glenda E. Hood  
Secretary of State  
Division of Corporations

To whom it may concern,

I am listed as the registered agent of MadyRadio.com

To the best of my knowledge I have not received a notice for the fees due the state of Florida, until the dissolution notice.

My disability limits my time in the office, there are weeks at a time that I am unable to come in. Information was not forwarded to me. This of course, as I now know, is my responsibility.

Per our conversation please waive my fee and accept the enclosed check for \$150.00

Thank you for your time and consideration.

  
Madeline McKeon