


2007 FOR PROFIT CORPORATION REINSTATEMENT


DOCUMENT # P01000081802		
1. Entity Name MADISON OCEAN REALTY CORP.		

Principal Place of Business 4040 GALT OCEAN DRIVE NO 905 FORT LAUDERDALE, FL 33308	Mailing Address 160-35 91ST STREET JAMAICA, NY 11414
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
MOODY, HOLLY BAKIN 2900 E. OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306	

FILED
07 JAN 31 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


01234007 REINSTATEMENT 07

4. FEI Number 03-0424562	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSO, ANNA 4040 GALT OCEAN DR., #905 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300087493573 02/06/07--01009--028 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSO, PIETRO 4040 GALT OCEAN DR., #905 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Anna Russo 01/23/07 9172045551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #