

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **P910F**

APPLICATION

FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 23 PM 1:50

SECRET OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000092896**

1. Corporation Name

**MADISON RUSSOW, INC.**

Principal Place of Business

100 CLAREMONT LN  
PALM BCH SHORES FL 33404

Mailing Address

100 CLAREMONT LN  
PALM BCH SHORES FL 33404



100009320521  
12/03/02--01061--001 \*\*150.00

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

09/20/2001

5. FEI Number

65-1144275

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	RUSSOW, CHARLES M	100 CLAREMONT LN	PALM BCH SHORES FL 33404
D	POLYVIU, NICHOLAS	707 PINE CIR	LAKE WORTH FL 33463
0	GARY BERNARDO	300 MILITARY TRAIL	LAKE WORTH FL
			100009320521 01/06/03--01001--025 **150.00

8. Name and Address of Current Registered Agent

GORMAN, DAVID L  
618 US HWY ONE STE 303  
N PALM BCH FL 33408

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11/27/02

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 #

11/27/02

CR20040 (8/02)

State of Florida Department of State

To whom it may concern.

I recently received a letter telling me that my corporation had expired this was the first letter that I had received to this effect so I called the number on the form and was told so mail this back in with a reinstatement fee of 150.00 dollars and this letter so here it is I hope I haven't caused undo trouble. Since I received this notice I am sure it won't happen again Thank You

Charles Russow