

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 AUG -4 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000109987

1. Corporation Name

MADISON MARKETING SOLUTIONS, INC.

2. Principal Office Address

7680 N.W. 18TH ST.

Suite, Apt. #, etc.

#308

City & State

MARGATE, Florida

Zip

33063

Country

BROWARD

3. Mailing Office Address

7680 N.W. 18TH ST.

Suite, Apt. #, etc.

#308

City & State

MARGATE, Florida

Zip

33063

Country

BROWARD

4. Date Incorporated or Qualified  
To Do Business in Florida

11/15/2001

5. FEI Number

35-2171519

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

THERESA LANDI

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

7680 N.W. 18TH ST.

Suite, Apt. #, Etc.

#308

City

MARGATE

State

FL

Zip Code

33063

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Theresa Landi

Date 6-24-03

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PRES.</u>	<u>THERESA LANDI</u>	<u>7680 N.W. 18TH ST. #308</u>	<u>MARGATE, FL 33063</u>

10. 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:

Theresa Landi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-03

Date

(954) 588-5811

Daytime Phone #

21814

Theresa Landi  
7680 NW 18<sup>th</sup> Street #308  
Margate, Fl 33063

Phone: 954-588-5811

Division of Corporations

6-25-3003

RE: Reinstatement of Corp  
Madison Marketing Solutions Inc.  
Doc # P01000109987

Dear Sir/Madam,

Please be advised that I spoke with a very helpful person, and explained to her I never received any mail, documents, notices etc...She researched my file and said my zip code was wrong.

She corrected the matter & told my the next step was to write a letter of explanation and enclose the reinstatement paperwork, in addition she told me to send a total fee of \$300.00 for reactivation.

Thank you in advance regarding this matter.

*Theresa Landi*, President  
Madison Marketing Solutions Inc