

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092



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

FILED

02 DEC 18 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000117097

1. Corporation Name

MADERA FAMILIA, INC

Principal Place of Business

1921 NICOLE LEE CIR., #1137
APOPKA FL

Mailing Address

1921 NICOLE LEE CIR., #1137
APOPKA FL

2002 1137



200009528852

12/16/02--01085--015 **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

12/10/2001

5. FEI Number

01-0713725

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
P	EDWARD MADERA	1921 NICOLE LEE CIR. #1137	APOPKA FL 32703-3469

8. Name and Address of Current Registered Agent

MADERA, EDWARD
1921 NICOLE LEE CIR., #1137
APOPKA FL

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 12/12/02

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

12/12/02
Date

Daytime Phone #

CR2E040 (8/02)

2082

November 14, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Corporate Reinstatement Application
Madera Familia, Inc

Dear Sir:

Please find enclosed my Application for Reinstatement and my check for \$150.00. I did not receive your two prior mailings. I do not understand why I received your most recent mailing and not the previous ones. For whatever reason I did not receive the two previous notices, please accept my Application for Reinstatement along with my payment of \$150.00 and my assurance that I will not be delinquent again.

The comments made in this letter are true and accurate and are made subject to the penalty of perjury.

Sincerely,

Edward Madera
President