

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 NOV 12 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000083888

1. Corporation Name

MADRAYM PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

~~6649 SOMERSET DR~~
~~BOCA RATON FL 33433~~

P.O. BOX 812361
BOCA RATON FL 33481



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/2002

5. FEI Number

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	RHAYEM, IMAD	6649 SOMERSET DR 139 N.W. 11ST	BOCA RATON FL 33433 FL 33432

700024579797
11/12/03--01010--008 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RHAYEM, IMAD
6649 SOMERSET DR
BOCA RATON FL 33433

Name

RHAYEM, IMAD

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

139 NW 11ST

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33432

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

REGISTERED AGENT MUST SIGN

Date

10/01/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IMAD RHAYEM

Date

Daytime Phone #

10/01/03 561869099

CR2E040 (7/03)

TO Whom it may concern;

I just spoke with a representative (850-245-6091) trying to find out why my corporation was dissolved/revoked, she said because I didn't file the Annual Report for the corporation; which is I never received and since it's my first time and year with this corporation, I didn't know what to do exactly and I didn't realize that I'm missing that application. So if you please, can wave the fees for me so I can start all over I would appreciate your help.

IMAD Rhayem



TITLE
President