

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 OCT 16 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000089975**

1. Corporation Name

MADIZACK, INC.

Principal Place of Business

Mailing Address

**19001 NALLE ROAD
N. FT. MYERS FL 33917**

**19001 NALLE ROAD
N. FT. MYERS FL 33917**



REINSTATEMENT 03

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/19/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City, & State

City & State

51-0423562

Not Applicable

Zip

Country

Zip

Country

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
PT	GEBIG, CHARLES M	19001 NALLE ROAD	N. FT. MYERS FL 33917
VS	GEBIG, STACY E	19001 NALLE ROAD	N. FT. MYERS FL 33917

400023855464
10/16/03--01050--009 **150.00

10/10/21

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**GEBIG, CHARLES M
19001 NALLE ROAD
N. FT. MYERS FL 33917**

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

Charles M Gebig

REGISTERED AGENT MUST SIGN

Date **10/13/03**

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

Charles M Gebig
10/13/03

Date

Daytime Phone #

239 543 5228

10/13/03

Department of State,

Please accept this request for reinstatement and the attached check for \$150⁰⁰ from Modizack inc. We did not receive the Uniform Business Reports needed to file for the year of 2002-2003. I have spoken to an agent of the Department and will expect a UBR in January of 2004. If one is not received I will now know to request or download a copy of one.

Thank you for your approval,
Charles M. Gulg
P.T. Modizack inc.