

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000017063

1. Corporation Name

LAKE MADISON 410 CORPORATION, INC.

W10 — 5916

2. Principal Office Address - No P.O. Box #

765 Crandon Blvd

Suite, Apt. #, etc.

410

City & State

Key Biscayne

Zip

33149

Country

USA

3. Mailing Office Address

765 Crandon Blvd

Suite, Apt. #, etc.

410

City & State

Key Biscayne

Zip

33149

Country

USA

7. Name and Address of Current Registered Agent

Name

Alejandro Freites

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

765 Crandon Blvd

Suite, Apt. #, Etc.

410

City

Key Biscayne

State

FL

Zip Code

33149

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

REGISTERED AGENT MUST SIGN

Date

02/02/2010

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
D	Alejandro Freites	765 Crandon Blvd 410	Key Biscayne FL 33149
D	Mariela Freites	765 Crandon Blvd 410	Key Biscayne FL 33149
D	Beatriz Freites	765 Crandon Blvd 410	Key Biscayne FL 33149

REINSTATEMENT

RM

10. E-mail Address: marielafrites@hotmail.com

(To be used for future annual report notification)

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. I further certify 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

Date

Daytime Phone #

02/02/2010 (305) 3658467

FILED

10 FEB 17 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-10

100167985881

02/04/10--01005--017 \*\*750.00

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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02/18/10--01002--014 \*\*908.75