

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2009 APR -2 A 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P03000065551 1. Entity Name MONGE & MADRIGAL CORP.	
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Principal Place of Business 7345 SAND LAKE RD. 203 ORLANDO, FL 32819	Mailing Address 7345 SAND LAKE RD. 203 ORLANDO, FL 32819
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	4. FEI Number 20-1213965	Applied For <input type="checkbox"/> Not Applicable
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03302009 REIN-P CR2E098 (1/07)

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent MONGE, JOSE H 10738 MYSTIC CIR. 304 ORLANDO, FL 32836	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: 03/30/09

(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete NAME: MONGE, JOSE H STREET ADDRESS: 2624 PISCES DR. CITY-ST-ZIP: ORLANDO, FL 32837
TITLE	DVT <input type="checkbox"/> Delete NAME: MADRIGAL, MARIETA STREET ADDRESS: 2624 PISCES DR. CITY-ST-ZIP: ORLANDO, FL 32837
TITLE	DS <input type="checkbox"/> Delete NAME: MONGE MADRIGAL, JOSE H STREET ADDRESS: 2624 PISCES DR. CITY-ST-ZIP: ORLANDO, FL 32837
TITLE	D2VP <input type="checkbox"/> Delete NAME: MONGE, ALEJANDRA M STREET ADDRESS: 2624 PISCES DR. CITY-ST-ZIP: ORLANDO, FL 32837
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300148445233
STREET ADDRESS	04/02/09--01037--021 **\$300.00
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINSTATEMENT
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	08-09

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 03/30/09 (407) 363-0038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #