

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 SEP 18 PM 4:22

DOCUMENT # P04000093507

1. Corporation Name

MADALEX FINANCIAL GROUP CORPORATION

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

10511 NORTHKENDALL DRIVE

3. Mailing Office Address

10511 NORTHKENDALL DRIVE

Suite, Apt. #, etc.

# C201

Suite, Apt. #, etc.

# C201

City & State

MIAMI, FL

City & State

MIAMI, FL 33145

Zip

33176

Country

USA

Zip

33176

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

86-1108586

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
MARISLEA IGLESIAS

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

1761 SW 11 STREET

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33135

☐ 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.

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

Date

REGISTERED AGENT MUST SIGN

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
P	ALEXANDER LARA	10511 NORTHKENDALL DRIVE # C201	MIAMI FL 33176

10. 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 contained in Chapter 119, 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/14/07 786-517-4863

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MADALEX FINANCIAL GROUP CORPORATION

September 12, 2007

Division of State  
Division of Corporations  
Reinstatement Department  
409 East Gaines St.  
Tallahassee, FL 32399

To whom it may concern:

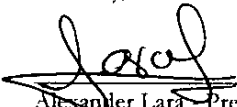
Enclosed please find a check in the amount of One Hundred and Fifty Dollars (\$150.00) for  
Reinstatement of MADALEX FINANCIAL GROUP CORPORATION. FEIN 86-1108586

Till date have not received the AUBR 2007 for Profit Corporation. Would like late fees to be waived

Please send any future documents to the following address:

MADALEX FINANCIAL GROUP CORPORATION.  
C/o Marisela Iglesias  
1761 SW 11<sup>th</sup> Street  
Miami, FL 33135

Sincerely,

  
Alexander Lara - President

<b>MARISELA IGLESIAS</b> 05-00		1028
305-860-9979		
2050 CORAL WAY SUITE, 519		
MIAMI, FL 33145		
Date <u>9-14-07</u>		83-27631 FL 942
Pay to the Order of	<u>Department of State</u>	\$ <u>150.00</u>
<u>one - Hundred - Fifty - 00/100</u>		Dollars
<b>Bank of America.</b>		
ACH RUT 063100271		
#P04-00009357		
For	<u>07 Reinstment</u>	<u>Marisela Iglesias</u>
⑆063100277⑆ 003730126206⑈ 1028		