

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 NOV 29 PM 4:30

SEC  
TALLAH

DOCUMENT # P04000130408

1. Corporation Name

MADELYN CASIANO, PA

2. Principal Office Address

36850 BARRINGTON DR

Suite, Apt. #, etc.

3. Mailing Office Address

36850 BARRINGTON DR

Suite, Apt. #, etc.

City & State

EUSTIS, FL

City & State

EUSTIS, FL

Zip

32736

Country

LAKE

Zip

32736

Country

LAKE

4. Date Incorporated or Qualified  
To Do Business in Florida

09/17/2004

5. FEI Number

20-1634623

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

MADELYN CASIANO

600082146986

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

36850 BARRINGTON DR

11/29/06--01053--002 \*\*300.00

Suite, Apt. #, Etc.

City

EUSTIS

State

FL

Zip Code

32736

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

*[Signature]*

Date 11/16/2006

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	MADELYN CASIANO	36850 BARRINGTON DR	EUSTIS, FL 32736

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/2006

Date

407-506-7052

Daytime Phone #

2282

**MADELYN CASIANO, PA  
P04000130408  
36850 BARRINGTON DR  
EUSTIS, FL 32736**

November 16, 2006

TO: DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Through this letter I am asking you to please waive the penalties and accept my check for \$300.00 covering the years 2005, and 2006 Annual Reports, and Reinstate my corporation because I never received any notice for those years.

Thanks in advance for your cooperation:

Madelyn Casiano, President