2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000008383

Entity Name: MADECORP INC.

FILED Sep 27, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

3085 WISSMAN AVE 3 LEVEL THROGS NECK 12244 SW 123 PLACE BRONX, NY 10465 MIAMI, FL 33186 US

Current Mailing Address: New Mailing Address:

3085 WISSMAN AVE 3 LEVEL THROGS NECK 12244 SW 123 PLACE BRONX, NY 10465 MIAMI, FL 33186 US

FEI Number: 20-8689083 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ABREU, ARTURO L

10661 N KENDALL DR #232

MIAMI, FL 33176 US

SANCHEZ, MANUEL

12244 SW 123 PLACE

MIAMI, FL 33186 US

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.

SIGNATURE: MANUEL SANCHEZ 09/27/2007

Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: SANCHEZ, MANUEL J Name: SANCHEZ, MANUEL J

 Address:
 3085 WISSMAN AVE 3 LEVEL THROGS NECK
 Address:
 12244 SW 123 PLACE

 City-St-Zip:
 BRONX, NY 10465
 City-St-Zip:
 MIAMI, FL 33186

 Name:
 SANCHEZ, ANA D
 Name:
 SANCHEZ, ANA D

 Address:
 3085 WISSMAN AVE 3 LEVEL THROGS NECK
 Address:
 12244 SW 123 PLACE

 City-St-Zip:
 BRONX, NY 10465
 City-St-Zip:
 MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL SANCHEZ PD 09/27/2007