## 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000044139

Entity Name: MADISON STREET STATION, INC.

FILED Apr 17, 2008 Secretary of State

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

200 EAST MADISON STREET STARKE, FL 32091

Current Mailing Address: New Mailing Address:

200 EAST MADISON STREET POST OFFICE BOX 834 STARKE, FL 32091 STARKE, FL 320910834

FEI Number: 47-0924128 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:

DRUMMOND, DONALD L EA

263 N TEMPLE AVENUE

STARKE, FL 32091 US

DECELLE, CAROLE K

18178 NW STATE ROAD 16

STARKE, FL 320918188 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: CAROLE K. DECELLE 04/17/2008

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:

## RECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 GIBBS, JAMES
 Name:
 GIBBS, JAMES C

 Address:
 200 EAST MADISON STREET
 Address:
 POST OFFICE 834

 City-St-Zip:
 STARKE, FL 32091
 City-St-Zip:
 STARKE, FL 320910834

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

 Name:
 GIBBS, TERRI
 Name:
 GIBBS, TERRI L

 Address:
 200 EAST MADISON STREET
 Address:
 POST OFFICE 834

 City-St-Zip:
 STARKE, FL 32091
 City-St-Zip:
 STARKE, FL 320910834

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: TERRI L. GIBBS VP 04/17/2008