

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 OCT 30 AM 11:29

SECRETARY OF STATE
RECEIVED

DOCUMENT # P13000073623

1. Corporation Name

SHALEA MADORIN, PA

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

8792 Lovett Avenue

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32832

Country

US

3. Mailing Office Address

8792 Lovett Avenue

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32832

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/2013

5. FEI Number

46-3613712

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

200266010782

8. I, being appointed the registered agent of the above named corporation, am familiar with the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Courtney Williams
Asst. Vice President

Date 10.30.14

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	Shalea Madorin	8792 Lovett Avenue	Orlando, FL 32832

REINSTATEMENT

2014

10. E-mail Address: Shalea.madorin@kw.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Shalea Madorin

Shalea Madorin

10/29/14 504-8441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OCT 30 2014

M. WILLIAMS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 345428 8018677

AUTHORIZATION :

COST LIMIT : \$ 750.00

ORDER DATE : October 21, 2014

ORDER TIME : 10:08 AM

ORDER NO. : 345428-015

CUSTOMER NO: 8018677

DOMESTIC FILINGS

NAME: SHALEA MADORIN, PA

RECEIVED
DEPARTMENT OF STATE
2014 OCT 30 AM 10:51
SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____