#### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

APPLICATION FOR	
REINSTATEMEN	ľ



DOCUMENT # P95000028226

1 Compretion Name

### MADRID ASSOCIATES, INCORPORATED

Principal Place of Business

Mailing Address

2351 THOMAS STREET HOLLYWOOD FL 33020

2351 THOMAS STREET

HOLLYWOOD FL 33020

FILED

01 NOV -1 AM 11: 47

SECRETARY OF STATE TALEAHASSEE, FUORIDA



If above a	ddresses are incorrect in any way, line t	hrough incorrect i	information an	d enter correction below.				
New Principal Office Address, If Applicable New Mailing Office Address, If Applicable				dress, If Applicable	Date Incorporated or Qualified To Do Business in Florida 04/10/1995			
Suite, Apt. #, etc. Suite, Apt			#, etc.		5. FEI Number Applied For			
City & State City & State			* inc		65-0588019 Not Applic		Not Applicable	
Zip	Country	Zip		Country	-6: CERTIFICAT		75 Additional Fee required or a Certificate of Status	
7. Names	and Street Addresses of Each Officer an	d/or Director (Fig	orida nonprofit	corporations must list at I	least 3 directors)			
Title(s)	(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip		
DPVT	LUGO, FELIX A A JR.	1920 NW 41 SSTREET		FORT LAUDERDALE FL 33309				
DS	HERRMANN, ARTHUR F	2351 THOMAS STREET		HOLLYWOOD FL 33020				
						-12/85/010 ****150.00		
	,						re@	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
GABRIEL ALAN L'ESQ:				Art	Name Arthur F-Herrmann			
2455 E. SUNRISE BLVD.				- Street Address	Street Address (P.O. Box Number is Not Acceptable)			
PENTH	OUSE EAST	·		Suite, Apt. #, E	ic.	- · · · · · · · · · · · · · · · · · · ·	· The second of the second of	
FORT LAUDERDALE FL 33304				CityHolly	City Hollywood State Zip Gode 30 20			
10. I, being	appointed the registered agent of the a	bove named corp	oration, am fa	miliar with and accept the	obligations of Sect	tion 607.0505, F.S.		
Signature o Registered	Agent	PEGISTERED AG				Date 10/11	101	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayline Phone #

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 filling 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 under section 119.07(3)(i), 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.



# - Please Do Not Remove -

### **ASSOCIATES ROOFING**

A Division of A Herrmann Assoc. Inc.

Pg 2

CCC 024408 2351 Thomas Street Hollywood, Florida 33020 (954) 921-4096

## September 17, 2001

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Enclosed are two checks and Uniform Business Reports for the following Corporations: A. Herrmann Associates, Inc. FEI 592249362 and Madrid Associates, Inc. FEI 650588019.

Please be advised that we did not receive either Forms for the above referenced Corporations. We were advised from your office to send the enclosed checks each in the amount of \$150.00 because of this situation.

Please contact our offices at 954-921-4096 with any questions or problems with either corporation.

Sincerely,

Art Herrmann

President