PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 10F2 APPLICATION **FOR** FILED 96000009858 DOCUMENT # 00 NOV 30 PM ID: 16 1. Corporation Name MADISON International Group SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business 9779 Bridgestone Circle Orlando H. 32835 3003 Blakely DR Oelando, FL. If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 3003 Blacely D 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State \$8.75 Additional Fee required for a Certificate of Status Zip Country Country CERTIFICATE OF STATUS DESIRED USA 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) and/or Directors City / State / Zip Þ. WARNER Dethweiler ORLANDO 71. 32835 2207 igestone CIR Oclando 76 32835 766663500507 -12/13/00--01113--002 ******8.75 *****8.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent AMAR RamDASS 3003 Blakely De 6am DASS ORlando FL. 32835 above named corporation, am familiar with and accept the obligations of Section 607,0505, F.S 10. I, being appointed the registered agent of the Signature of Registered Agent andas REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information No 🔀 on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yes 12. 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 was a 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 a trips 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. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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SWIFT ACCOUNTING SERVICES 3003 Blakely Drive, Orlando, Fl.32835

FLORIDA DEPT OF STATE P.O. BOX 6327 Tallahassee, Fl. 32314

Dear Sir/Ms

This request is being made to reinstate Madison International Group registration number P96000009858.

Originally a check was sent in the amount of \$300.00 to reinstate the above company along with Winderemere Management Inc. registration number P95000002993. At that time application was sent in for both companies. However the total amount of the \$300.00 was applied to Winderemere Management Inc. Madison International Group was therefore not reinstated.

I had made inquires to your department and was told to filed a new reinstatement form along with this note to explain the situation.

I do hope that this will help to rectify the situation.

Thank you very much for your attention to this matter

Yours truly.

Amar Ramdass <

Agent.