

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 17 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P9600000 9858*

1. Corporation Name

MADISON INTERNATIONAL GROUP INC.

2. Principal Office Address

13626 GLYNSEL DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

13626 GLYNSEL DR.

Suite, Apt. #, etc.

City & State

WINTER GARDEN FL

City & State

WINTER GARDEN FL

Zip

34787

Country

U.S.A

Zip

34787

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3363962

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

12-01-06 01040 002 \$758.75
REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

ELAINE RICHARDS

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

13626 GLYNSEL DRIVE

Suite, Apt. #, Etc.

500085841665

*01/23/07--01020--008 **150.00*

City

WINTER GARDEN

State

FL

Zip Code

34787

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

Signature of
Registered Agent

Elaine Richards

REGISTERED AGENT MUST SIGN

Date *Jan 10, 2007*

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
DP	SAVITRI SINGH	13626 GLYNSEL DRIVE	WINTER GARDEN FL
			34787

10. 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, P.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., 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 contained in Chapter 119, 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:

Savitri Singh

SAVITRI SINGH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jan 12/07

Daytime Phone #

B. Mitchell

JAN 17 2007