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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 DEC -6 AM 10:01
SEC OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT P96 6000 59408

1. Corporation Name
Madd Enterprises, Inc.

REINSTATEMENT 04-05

CR2E081 (8/05)

2. Principal Office Address	3. Mailing Office Address
524 N. Harbor City Blvd	Post Office Box 487
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne, FL	City & State: Nanuet, NY
Zip: 32935 Country: USA	Zip: 10954 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 07/15/1996

5. FEI Number: 133899241 ☐ 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: Timothy Mitts

Street Address (P.O. Box Number is Not Acceptable): 5934 Brent Pine Drive

Suite, Apt. #, Etc.:

City: Orlando State: FL Zip Code: 32807

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 _____ Date 12/01/05
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	Raymond Ackley	725 Brookside Drive	Indialantic, FL 32903
		200061958442 12/06/05--01044--004 **300.00	

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, 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., 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.

SIGNATURE: Raymond Ackley Pres 12/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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12//05/05

To whom it may concern,

Please be advised that i have not recieved the 2004 anual report for MADD enterprises

Please waive all penilities.

Thank You
Ray Ackley Pres.

MADD Enterprises Inc.