

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAR 14 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000061573

1. Corporation Name

FIRST MADISON GROUP, INC.

2. Principal Office Address

270 No. Tamiami Trail

Suite, Apt. #, etc.

City & State

Sarasota, FL 34236

Zip

34236

Country

USA

3. Mailing Office Address

270 No. Tamiami Trail

Suite, Apt. #, etc.

City & State

Sarasota, FL 34236

Zip

34236

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/13/98

5. FEI Number

65-0858971

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Richard D. Saba, P.A.

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

2033 Main Street, Sarasota, Florida

Suite, Apt. #, Etc.

Suite 303

City

Sarasota

State

FL

Zip Code

34237

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

Richard D. Saba

Date March 12, 2002

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
DP	APPEL, STANLEY S	270 N Tamiami Trail	Sarasota, FL 34236

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 12, 2002 (941) 362-7632

Date

Daytime Phone #

CR2E081 (9/01)