

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000048955

1. Corporation Name

MADISON & WALL FINANCIAL SERVICES, INC.

Principal Place of Business

195 WEKIVA SPRINGS ROAD  
SUITE 200  
LONGWOOD FL 32779

Mailing Address

195 WEKIVA SPRINGS ROAD  
SUITE 200  
LONGWOOD FL 32779

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/28/1999

5. FEI Number

59-3578300

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HANDY, DODI	195 WEKIVA SPRINGS ROAD SUITE 20	LONGWOOD FL 32779
ST	SCHNORF, JAMES	195 WEKIVA SPRINGS ROAD SUITE 20	LONGWOOD FL 32779
P	JOHN R. MANION	195 WEKIVA SPGS RD SUITE 200	LONGWOOD FL 32779

8. Name and Address of Current Registered Agent

BOGLE, SEAN F ESQ.  
BOGLE & SCHULMAN, P.A.  
706 TURNBULL AVE. SUITE 203  
ALTAMONTE SPRINGS FL 32701

9. Name and Address of New Registered Agent

Name

JOHN R. MANION

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

195 WEKIVA SPGS RD

Suite, Apt. #, Etc.

SUITE 200

City

LONGWOOD

State  
FL

Zip Code  
32779

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/18/02

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/18/02

407-682-2001

CR2E040 (8/02)

# MADISON & WALL

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FINANCIAL SERVICES, INC.

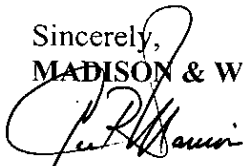
November 21, 2002

State of Florida  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

This letter is sent in compliance with the reinstatement of corporations. To the best of my knowledge, neither this office nor the registered agent received previous notices of dissolution. Both the previous officers of this corporation are no longer employed or involved and the registered agent has also been changed. These alterations have been made on the enclosed application and a check for the \$150.00 annual fee is enclosed. Please contact me if there is any further information required.

Sincerely,  
MADISON & WALL FINANCIAL SERVICES, INC.



John R. Manion  
President