

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 JUN -4 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *G-75168*

1. Corporation Name  
*The Monster Corporation*

*MIKE SIGN @ Bellsouth.net*

2. Principal Office Address - No P.O. Box #  
*5270-B N. State Rd 7*

3. Mailing Office Address  
*5270-B N. State Rd 7*

Suite, Apt. #, etc.  
*# B - suite*

Suite, Apt. #, etc.  
*suite B*

City & State  
*St Landeekab Fl.*

City & State  
*St Landeekab*

Zip Country  
*33319 USA*

Zip Country  
*33319 USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
*59-2771375*

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

200155464742  
05/05/09--01040--011 \*\*450.00  
CR2E081 (12/08)

**7. Name and Address of Current Registered Agent**

Name  
*Michael Montag*

Street Address (P.O. Box Number is Not Acceptable)  
*4131 NW 58th Street*

Suite, Apt. #, Etc.

City  
*Coconut Creek*

State Zip Code  
**FL** *33073*

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent *[Signature]*

Date *4/30/09*

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
<i>President</i>	<i>Barbara Montag</i>	<i>1212 Bohanna Blvd - B-1 COCONUT CREEK, FL 33066</i>	
<i>Off.</i>	<i>Michael Montag</i>	<i>4131 NW 58th Street Coconut Creek, Fl. 33073</i>	
<i>VP</i>	<i>Kelly Montag</i>	<i>4131 NW 58th St. Coconut Creek Fl. 33073</i>	

**REINSTATEMENT** *07-09*

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 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: *Barbara Montag*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/30/09*

Daytime Phone # *954-739-2720*