| • | ** | | | | | | | | |
|--|-------------------------------------|---|--|--|---|----------------------------------|---|--------------|--|
| PLEASE READ | ALL INST | RUCTIONS | BEFORE (| COMPLET | ING THIS | FORM. | v | | |
| APPLICATION FOR THE PROPERTY OF STATE APPLICATION O | | | | | FILED, SC | | | | |
| RENST EMBYT | 11 | SION OF CO. POR | ATE AS | | 99 JUH 30 | PH I | 1,8 | | |
| DOCUMENT # P 95000067689 1. Corporation Name | | | | STELLMARY CF STATE Willia Wosfe, Florida | | | | | |
| Monopoly Internation | nal Ta | ade, Ind W9900 | : MU1197 | | | · · · | | | |
| Principal Place of Business Mailing Address | | | | | 1000029298816 -07/13/9901037012 | | | | |
| 8328 NW 56 Th Street | | | | | ****700.00 ****700.00 | | | | |
| If above addresses are incorrect in any way, line thro | ough incorrect in | oformation and enter | correction below | REIN | STATE | MEN | 96-99 | _ | |
| Above addresses are incorrect in any way, line through incorrect information and enter correction belo New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable | | | | Date Incorporated or Qualified | | | | | |
| 8328 NW 56Th STREET Suite, Apt. #, etc. | Suite, Apt. #, | etc | | 45 1.46 30 | | | | | |
| Criy & State | City & State | | | 65-06 | 05411 | | Applied For Not Applicable | - | |
| Zip Country | Zıp | Country | <i>y</i> | 6. CERTIFICATI | E OF STATUS DESIR | | Additional Fee required a Certificate of Status | : | |
| 7. Names and Street Addresses of Each Officer and/ | or Director (Flo | rida nonprofit corpora | tions must list at lea | ast 3 directors) | | | | | |
| Title(s) and/or Directors Offic | | | eet Address of Each icer and/or Director se Post Office Box N | 7 | 4 | City / State | e / Z ıp | | |
| President Javier B Tinoco 8328 | | | IW 56 ST | reet | Miami | FLO | 33166 | | |
| | | | NA 184 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 1 | -07/10 | 3/990. | 0 81 - 6 1037013 ****508.75 | | |
| Y | | | · · · · · · · · · · · · · · · · · · · | | | | . , | | |
| 8. Name and Address of Current Registered Agent Name | | | | 9. Name and Address of New Registered Agent | | | | | |
| Javier B. Tinoco 8328 NW 56Th STREET Miami, FL 33166 | | | Street Address (P.O. Box Number is Not Acceptable) 8328 NW 56 STReet Suite, Apt. *, Etc. City State Zip Gode | | | | | CR2E081 (12/ | |
| 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the | | | | 11 bligations of Secti | on 607.0505, F.S. | FL | 33166 | - | |
| Signature of Registered Agent RE | | Jav. | er B. Tinoc | :0 | Date 6 | /11/ | 99 | | |
| 11. This corporation owes the Intangible Personal Proper | | | Yes | □ No □ |] (8 | ee other side on intangi | for information tile tax.) | | |
| 12 I certify that I am an officer or director or the recent this reinstatement application, the reason for disso owed by the corporation have been paid and the non this application is true and accurate, and my significant | lution has been ames of individe | eliminated, the corpo uals listed on this form we the same legal effe | rate name satisfies in do not qualify for act as if made under | the requirements an exemption und roath. | of section 607.04 der section 119.07 | 01 or 617.040 (3)(i), F.S. Th | 1, F.S., that all fdes N ∈ information indicated | | |
| SIGNATURE: SIGNATURE AND TYPED OR PRI | 7000 NTED NAME OF S | SIGNING OFFICER OR D | Javier B. | . Tinoco 6 | 5/11/90 | 7 (3 <i>05</i> | 1)436-0206 me Phone # | | |