

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 DEC 27 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 649168

**1. Corporation Name**

MONAVO INC.

**2. Principal Office Address**  
11253 SW 4th Street

Suite, Apt. #, etc.

**City & State**

Sweetwater, FL

**Zip**

33174

**Country**

USA

**3. Mailing Office Address**  
Pan American Coffee Co.  
500 16th St.

Suite, Apt. #, etc.

**City & State**

Hoboken, NJ

**Zip**

07030

**Country**

USA

**REINSTATEMENT**

00-04  
MRS

**4. Date Incorporated or Qualified  
To Do Business in Florida** 12/21/79

**5. FEI Number**  
591968822

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**

Rogelio Montes de Oca

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

11253 SW 4th Street

**Suite, Apt. #, Etc.**

**City**

Sweetwater

**State**  
FL

**Zip Code**  
33174

**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**

*Rogelio Montes de Oca*  
REGISTERED AGENT MUST SIGN

**Date** 12/14/04

**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 T S	Rogelio Montes de Oca	500 16th Street	Hoboken, NJ 07030

**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:**

*Rogelio Montes de Oca*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rogelio Montes de Oca

**Date**

12/14/04

**Daytime Phone #**

201-963-2329

CR2E01 (01/04)