PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2: PM 12:23

CR2E061 (11/10)

DOCUMENT # F03000006344

1. Corporation Name
Monolith Corporation

2. Principal Office Address - No P O Box #	3. Mailing Office Address
12339 Wake Union Church Road	11350 McCormick Road
Suite, Apt. #, etc.	Suite Apt. # etc
Suite 107	Plaza 3, Suite 200
City & State	City & State
Wake Forest, NC	Hunt Valley, MD
Zip / Country	Zip / Country
27587 / USA	21031 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/22/2003

5. FEI Number: 56-1472457 ☐ 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: Cogency Global Inc.

Street Address (P.O. Box Number is Not Acceptable): 115 North Calhoun Street

Suite, Apt. #, Etc.: Suite 4

City: Tallahassee | State: FL | Zip Code: 32301

800350351213

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: Marisa Kugelmann, Assistant Secretary — Date: 8/24/2020

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
D, P	Dexter Salna	8133 Warden Avenue, 7th Floor	Markham, ON L6G 1B3
D, T	Bonnie Wilhelm	11350 McCormick Road Plaza 3 Ste 200	Hunt Valley, MD 21031
S	Heather Pruger	11350 McCormick Road, Plaza 3 Ste 200	Hunt Valley, MD 21031
		2018 - 2020	

C. GOLDEN
AUG 25 2020

10. E-mail Address: allison.hoffman@csiperseus.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: _____ 8/21/2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #