

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F71040

1. Corporation Name

MONEX FINANCIAL CORPORATION

Principal Place of Business

**444 BRICKELL AVE
51-354
MIAMI FL 33131-2482
US**

Mailing Address

**444 BRICKELL AVE
51-354
MIAMI FL 33131-2483
US**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/16/1982

5. FEI Number

59-2176730

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	DACCARETT, JOSE F.	444 BRICKELL AVE STE 51-354	MIAMI FL
VTS	CHAR-DACCARETT, LAURA	444 BRICKELL AVE STE 51-354	MIAMI FL
D	CHAR-DACCARETT, LAURA	444 BRICKELL AVE STE 51-354	MIAMI FL

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**000002384350--1
-12/29/97-010617-010
****750.00****750.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MORAITIS, GEORGE R
915 MIDDLE RIVER DR., STE. 506
FT. LAUDERDALE FL 33304**

Name

JOSE DACCARETT

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

444 BRICKELL AVENUE

Suite, Apt. #, Etc.

SUITE #51-354

City

Miami

State

FL

Zip Code

33131

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.

Signature of Registered Agent

THE REGISTERED AGENT MUST SIGN

Date

12/19/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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:

JOSE DACCARETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/97 (305) 448-6265
Date Daytime Phone #

CR2E040 (8/97)