PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 FEB 16 AM 10:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DOCUMENT #F80773

1. Corporation Name
A. A. MONARK CONSTRUCTION CORPORATION

2. Principal Office Address	3. Mailing Office Address
1532 Land O'Lakes Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
A	
City & State	City & State
Lutz, FL	
Zip / Country	Zip / Country
33549 US	

4. Date Incorporated or Qualified To Do Business in Florida: 05/11/1982

5. FEI Number: 59-2184461 ☐ 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: ROBERT L. TILTON
Street Address (P.O. Box Number is Not Acceptable): 1216 Oakfield Drive
Suite, Apt. #, Etc.:
City: Brandon | State: FL | Zip Code: 33511

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: _____ Date: 1/16/01
REGISTERED AGENT MUST SIGN

CR2E068 (1-98)

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
PSTD	Robert L. Tilton	1216 Oakfield Drive	Brandon, FL 33511

REINSTATEMENT 98-01

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: _____ Date: 1/16/01 Daytime Phone #: 813-684-7686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR