

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 22 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93 000000107

1. Corporation Name

Monital Signal Corp

2. Principal Office Address

2210 Landmark Pl.

Suite, Apt. #, etc.

City & State

Manasquan, NJ

Zip

08736

Country

Monmouth

3. Mailing Office Address

PO Box 53

Suite, Apt. #, etc.

City & State

Allenwood NJ

Zip

08720

Country

Monmouth

REINSTATEMENT 02-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/12/2000

5. FEI Number

22-3724439

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Ronald Toole

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

153 Richpien Road

Suite, Apt. #, Etc.

City

Ft. Walton Beach

State

FL

Zip Code

32547

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

REGISTERED AGENT MUST SIGN

Date 10/17/2003

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
Chairman	Timothy M. McGinn	99 Pine St.	Albany, NY 12207
Pres/COO	Thomas J. few	3 Post Road	Oakland, NJ 07436
VP	Robert Heintz	2210 Landmark Pl.	Manasquan, NJ 08736

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP

10/16/2003

Date

Daytime Phone #

732 528 4000
X3054

CR2E081 (10/02)