

1062

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 FEB 14 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT **FLORIDA DEPARTMENT OF STATE**
Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000003382
1. Corporation Name Monarch Building Services, Inc.

2. Principal Office Address 416 E. Church St.
3. Mailing Office Address P.O. Box 719

4. Date Incorporated or Qualified To Do Business in Florida 6/28/94

5. FEI Number 31-1389447
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

City & State Marion, OH
City & State Marion, OH

Zip 43302
Country Marion
Zip 43301-0719
Country Marion

7. Name and Address of Current Registered Agent

Name CT Corporation System
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road
Suite, Apt. #, Etc.

City Plantation
State FL
Zip Code 33324

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*****8.75 *****8.75

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 Gardner
REGISTERED AGENT (MUST SIGN)
Date 2-7-01

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations need only list 3 Directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Craig Reynolds	969 Somerlot-Hoffman Rd.W.	Marion, OH 43302
Sec/ Treas.	Gary Waters	1535 Lighthouse Ridge	Marion, OH 43302

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****450.00 ****450.00

LS

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)(c), 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: Gary Waters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 02/12/01
Daytime Phone #

Monarch Building Services, Inc.

416 East Church St. • P.O. Box 719 • Marion, Ohio 43301-0719
(740) 387-9955 • Fax (740) 383-1554 • www.monarchbuilders.com



2012

February 7, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporation Reinstatement

Attn: Reinstatement Division

We are requesting that the late fees be waived due to our not receiving any for the past 2 years. Our address is incorrectly listed in your system. We appreciate your cooperation and help in this matter. If any further information is needed please contact us. We are enclosing a check in the amount of \$450.00 as we were instructed by your office.

Please make the following address corrections in your system:

Principal Address:
416 E. Church St.
Marion, OH 43302

Mailing Address:
P.O. Box 719
Marion, OH 43301-0719

Sincerely,

A handwritten signature in cursive script that reads "Gary Waters".

Gary Waters
Secretary Treasurer