

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

97 FEB 21 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006298

1. Corporation Name

THE MONET GROUP, INC.

Principal Place of Business

2 LONSDALE AVE.
PAWTUCKET RI 02860

Mailing Address

2 LONSDALE AVE.
PAWTUCKET RI 02860

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3795291

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	KALLMAN, JAMES D HARRISON BOBE, JUDITH	1035 FIFTH AVENUE 26 WEST DR	NEW YORK NY 10028 PLANDOME, NY 11030
D	MOORE, DARLA D	136 E. 79TH ST.	NEW YORK NY 10021
S	HIGHTOWER, KEITH A SHARP, MICHAEL A	37 CROSS GATE RD. 2 LONSDALE AVE	MADISON NJ 07940 PAWTUCKET, RI 02860
D	BOROWSKY, KURT T KALLMAN, JAMES D	28 POST KENNEL RD. 1035 FIFTH AVE	FAR HILLS NJ 07831 NEW YORK NY 10028
D	WALKER, JEFFREY C	360 NEW CANAAN RD.	WILTON CT 06897
D	MATTHEWS, NORMAN S	650 MADISON AVE	NEW YORK, NY 10022

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite

City

State

Zip Code

REINSTATEMENT

FL

02860

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

Barbara A Burke

REGISTERED AGENT MUST SIGN

BARBARA A. BURKE

SPECIAL ASSISTANT SECRETARY

Date

1-21-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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***923.75 ***923.75

CR2040 (7/96)