

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 26 AM 11:34

DOCUMENT # 1257868

1. Corporation Name
Monarch Land Industries, Inc.

2. Principal Office Address
461 E. Webster Avenue

3. Mailing Office Address
P.O. Box 2006

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Winter Park, Florida

City & State
Winter Park, Florida

Zip Country
32789 USA

Zip Country
32790 USA

4. Date Incorporated or Qualified To Do Business in Florida
January 12, 1989

5. FEI Number
592933472

Applied For
Not Applicable

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

REINSTATEMENT

02-03

7. Name and Address of Current Registered Agent

Name
Jesse E. Graham, Jr., Esq.

500021155045

Street Address (P.O. Box Number is Not Acceptable)
369 N. New York Avenue

06/26/03--01022--016 ***500.00

Suite, Apt. #, Etc.
Third Floor

500021155045

06/26/03--01022--017 ***8.75

City
Winter Park

State Zip Code
FL 32789

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 June 18, 2003

REGISTERED AGENT MUST SIGN

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
PSD	James W. Markel	461 E. Webster Avenue	Winter Park, Florida 32789
T	Elbert H. Overman	213 Home Wood Drive	Sanford, Florida

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

6/19/03

Date

401/466-2817

Daytime Phone #

CR2E081 (10/02)

6/26/03