

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 14 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000906

1. Limited Liability Company's Name

Monnet, LLC

BK

200024992812
11/24/03 01125 001 \$50.000
S02029900155
01/24/03 90354 018 \$50.00

2. Principal Office Address

2525 Gulf of Mexico Drive

Suite, Apt. #, etc.

City & State

Longboat Key, FL

Zip

34228

Country

USA

3. Mailing Office Address

100 Wallace Avenue

Suite, Apt. #, etc.

Suite 240

City & State

Sarasota, FL

Zip

34237

Country

USA

4. State/Country of Formation

01/25/2000

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

John E. Napolitano, Esquire

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

100 Wallace Avenue

Suite, Apt. #, Etc.

Suite 240

City

Sarasota

State

FL

Zip Code

34237

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Monique Harnetty	1800 Eagles Crest Drive	Port Orange, FL 34124

REINSTATEMENT 2002-2004

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

M Harnetty

Date 01/09/04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

L000000000906

AFFIDAVIT

I MONIQUE HARNETTY, as Manager of Monnet, LLC, hereby swear and attest that I never received renewal notice, (UBR), from the Florida Department of State for the year 2003.

FURTHER AFFIANT SAYETH NOT.

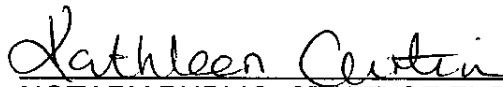
Dated this 9th day of January, 2004


MONIQUE HARNETTY

SWORN TO AND SUBSCRIBED before me this 9th day of January, 2004, by MONIQUE HARNETTY, who is personally known to me.



Kathleen Curtin
MY COMMISSION # DD108599 EXPIRES
April 14, 2006
BONDED THRU TROY FAIR INSURANCE, INC.


NOTARY PUBLIC, STATE OF FLORIDA
Printed Name: Kathleen Curtin
My Commission Expires: April 14, 2006



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TALLAHASSEE, FLORIDA