

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000036029

1. Limited Liability Company's Name

MONARCAS ENTERPRISES, LLC.

2. Principal Office Address - No P.O. Box #

2268 WYATT STREET

Suite, Apt. #, etc.

3. Mailing Office Address

2268 WYATT STREET

Suite, Apt. #, etc.

City & State

PENSACOLA FLORIDA

City & State

PENSACOLA FLORIDA

Zip

32514

Country

US

Zip

32514

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

APRIL 09, 2008

6. FEI Number

26-2377655

☐ 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

BERNARDO BARRAGAN

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

2268 WYATT STREET

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32514

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 **DECEMBER 08, 2010**

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 |
|--------|--------------------------------------|---|--------------------------|
| MGRM | BERNARDO BARRAGAN | 2268 WYATT STREET | PENSACOLA, FLORIDA 32514 |
| MGRM | NORMA A. BARRAGAN | 2268 WYATT STREET | PENSACOLA, FLORIDA 32514 |
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11. E-mail Address: **maria.calderon@ffgcpa.com**

(To be used for future annual report notifications)

12. 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

Date

12-8-2010

Daytime Phone #

(850) 261-3860

Typed or printed name of signing Managing Member/Manager **BERNARDO BARRAGAN**

FILED

10 DEC 14 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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KS

REINSTATEMENT 2010