

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 30 PM 1:24

DOCUMENT # L 80395

1. Corporation Name

MONARD, INC

2. Principal Office Address

445 GRAND BAY DRIVE

Suite, Apt. #, etc.

APT # 501

City & State

KEY BISCAYNE FL

Zip

33149

Country

USA

3. Mailing Office Address

PO BOX 585

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33233

Country

USE

REINSTATEMENT 99-00

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0203785

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANTONIO GIBERT

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

445 GRAND BAY DR

Suite, Apt. #, Etc.

501

City

KEY BISCAYNE

State

FL

Zip Code

33149

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

REGISTERED AGENT MUST SIGN

Date 10/1/2000

11/27/2000

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
PS	WALTER C. DITTEL	SJO # 56 1601 NW 97 AVE - C101	MIAMI FL 33102-5216

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:

WALTER C. DITTEL

WALTER C. DITTEL

10/1/2000

11/21/2000

305

361-8007

305 361 8007