

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

01 DEC 20 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001213

1. Limited Liability Company's Name

Monarch Properties II, LLC

**REINSTATEMENT** 2001

2. Principal Office Address

9240 BONITA BEACH RD

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 1101

Suite, Apt. #, etc.

City & State

BONITA SPR / FL

City & State

Zip

33435

Country

USA

Zip

Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

August 3, 1999

6. FEI Number

59-3573714

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

CT Corporation System

9000004735319-9

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

1200 South Pine Island Road

-12/21/01--01007--006

Suite, Apt. #, Etc.

\*\*\*\*155.00 \*\*\*\*155.00

City

Plantation

State

FL

Zip Code

33324

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

Danella R. Brustle

Date

12/14/01

REGISTERED AGENT MUST SIGN

**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
<u>Mgr</u>	<u>Monarch Advisors Group, LLC</u>	<u>9240 BONITA BEACH RD #1101</u>	<u>BONITA SPR / FL / 33435</u>

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

Douglas Listman

Date

12/8/01

Daytime Phone #

215-871-5104

Typed or printed name of signing Managing Member/Manager

Douglas Listman Hb: CFO

CR2E041 (9/01)