

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N97000005942**

1. Corporation Name

MONSERRAT PROGRESSIVE SOCIETY OF SOUTH FLORIDA INC.

Principal Place of Business

Mailing Address

P.O. BOX 694684
MIAMI FL 33269

P.O. BOX 694684
MIAMI FL 33269

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1997

5. FEI Number

65-0788596

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FRENCH, HBERT	PO BOX 694684	MIAMI FL 33269
D	RYAN, JOHN	PO BOX 694684	MIAMI FL 33269
PD	RYAN, YVONNE	PO BOX 694684	MIAMI FL 33269 LS
T	CLARK, MABEL	PO BOX 694684	MIAMI FL 33269
V	LAKE-RYAN, IRIS	PO BOX 694684	MIAMI FL 33269
D	JOHN, JERLEEN	PO BOX 694684	MIAMI FL 33269

8. Name and Address of Current Registered Agent

TAYLOR, MICHAEL
20401 NW 2ND AVENUE
STE 208
MIAMI FL 33169

9. Name and Address of New Registered Agent

Name

MICHAEL TAYLOR

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

17334 NW 62 COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33015

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Michael Taylor
REGISTERED AGENT MUST SIGN

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***236.25 ***236.25

Date

12/17/01

11. 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:

Yvonne Ryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-17-01

Daytime Phone #

203 364

CR2E040 (8/01)