

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 29 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000032916

1. Corporation Name

MON-REAL ENTERPRISES INC

2. Principal Office Address

3106 W. 72 TERR

3. Mailing Office Address

P.O. BOX 127307

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HiALeAh, Florida

City & State

HiALeAh, Florida

Zip

33018

Country

U.S.A.

Zip

33012

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

3/30/2000

5. FEI Number

65-1002279

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 01-07

7. Name and Address of Current Registered Agent

Name

TERESITA MONREAL

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

3106 W. 72 TERR.

Suite, Apt. #, Etc.

City

HiALeAh

State  
FL

Zip Code  
33018

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12-23-03

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
<u>P</u>	<u>ALBERTO MONREAL</u>	<u>3106 W. 72 TERR.</u>	<u>HiALeAh, FL. 33018</u>
<u>S/T</u>	<u>TERESITA MONREAL</u>	<u>3106 W. 72 TERR.</u>	<u>HiALeAh, FL. 33018</u>

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:

[Signature] TERESITA MONREAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/03

Date

(205) 219-2535

Daytime Phone #

CR2E081 (10/02)