

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 OCT -5 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000045169**

**1. Corporation Name**

**MONROE INVESTMENTS INC**

**2. Principal Office Address**

**3400 S. Congress Ave**

Suite, Apt. #, etc.

City & State

**Lake Worth FL**

Zip

**33461**

Country

**Palm Beach**

**3. Mailing Office Address**

**3400 S Congress Ave**

Suite, Apt. #, etc.

City & State

**Lake Worth FL**

Zip

**33461**

Country

**Palm Beach**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**May 15, 2000**

**5. FEI Number**

**65-1009901**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

**\$8.75 Additional Fee required  
for a Certificate of Status**

**REINSTATEMENT 2001**

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

Name

**Floyd Monroe**

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

**120 SE 5th Ave Apt 227**

Suite, Apt. #, Etc.

**Apt 227**

City

**Boca Raton FL 33432**

State

**FL**

Zip Code

**33432**

**900004663689-1**

**-11/02/01--01016--024**

**\*\*\*\*750.00 \*\*\*\*750.00**

**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

*Floyd Monroe*  
REGISTERED AGENT MUST SIGN

Date

**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
D.P.	Floyd Monroe	120 SE 5th Ave Apt 227	Boca Raton, FL 33432

**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:**

*Floyd Monroe*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)