

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUL 26 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000063387

1. Corporation Name

Monarch Lakes Donuts, Inc.

2. Principal Office Address

4700 North Hiatus Road

Suite, Apt. #, etc.

Suite 256

City & State

Sunrise, Florida

Zip

33351

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-05

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

June 29, 2000

5. FEI Number

651027044

Applied For

No: 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

Carol Timpanaro

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

550 S. Federal Highway

Suite, Apt. #, etc.

City

Dania

State

FL

Zip Code

33004

200057901572

07/26/05--01044--001

**1500.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 7/21/2005

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
PTS	Keith Sims	2920 Weihe Road	Weston, FL 33331

[Signature]

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 807 or 817, F.S., and further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 817.0401, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/2005

Date

Daytime Phone #

CS-2501 (01/05)