

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 27 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000109810

1. Corporation Name

2 MONKEYBOYS INC

600022588166
08/27/03--01005--013 **927.50

REINSTATEMENT 02-03

2. Principal Office Address

7607 NW 68TH TERR

Suite, Apt. #, etc.

City & State

TAMARAC FL

Zip

33331

Country

USA

3. Mailing Office Address

7607 NW 68TH TERR

Suite, Apt. #, etc.

City & State

TAMARAC FL

Zip

33331

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1059038

Applied For

Not 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

MICHAEL D. COLEMAN

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

7607 NW 68TH TERRACE

Suite, Apt. #, Etc.

City

TAMARAC

State

FL

Zip Code

33331

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

Michael D. Coleman

Date 17 AUGUST 2003

REGISTERED AGENT MUST SIGN

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
P, C, M	MICHAEL D. COLEMAN	7607 NW 68TH TERRACE FL	TAMARAC FL 33331
V	CHRISTINE COLEMAN	7607 NW 68TH TERRACE	TAMARAC, FL 33331

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:

MICHAEL D. COLEMAN Michael D. Col

17 AUGUST 2003

(954)

726 5128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/28