

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 25 AM 11:14

DOCUMENT # PO1000013237

1. Corporation Name

MONAY Enterprise Inc

2. Principal Office Address

9225 Amity Court

Suite, Apt. #, etc.

City & State

Orlando Florida

Zip

32817

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

400018566794

05/08/03--01061--021 **908.75

4. Date Incorporated or Qualified
To Do Business in Florida

2-2-01

5. FEI Number

59-3698422

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

DBL Financial Services Corp

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

5401 S Kirkman Road

Suite, Apt. #, Etc.

Suite 310

City

Orlando

State

FL

Zip Code

32819

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

David H. Ferguson

Date 4-24-03

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	Reverus E Bratcher	9225 Amity Court	Orlando FL 32817
T	Sandra Camarillo	9225 Amity Court	Orlando FL 32817

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:

Reverus E. Bratcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-27-09

Daytime Phone #

CR2E081 (10/02)