

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

FILED

03 MAR -5 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000028856

1. Corporation Name

MONARCH SINGLES CLUB OF FLORIDA,
INC.

2. Principal Office Address

550 N. RED ST.

Suite, Apt. #, etc.

300

City & State

TAMPA FL

Zip

33609

Country

HILLSBOROUGH

3. Mailing Office Address

14897 FEATHER COVE RD

Suite, Apt. #, etc.

City & State

CLEARWATER FL

Zip

33762

Country

PINEALLAS

4. Date Incorporated or Qualified
To Do Business in Florida

3.16.01

5. FEI Number

59-3707122

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

JOSEPH A. COVELLO

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

14897 FEATHER COVE ROAD

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33762

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

Joseph A. Covello

REGISTERED AGENT MUST SIGN

Date 03.03.03

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
P/N/S T/D.	JOSEPH A. COVELLO	14897 FEATHER COVE ROAD CLEARWATER, FL 33762 →	

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:

Joseph A. Covello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

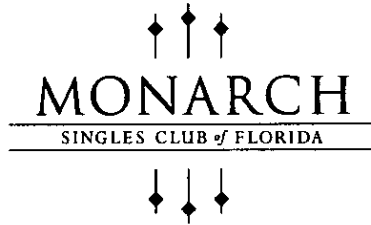
03.03.03 (813) 261-5020

Date

Daytime Phone #

MC

CR2E081 (10/02)



March 3, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Per instructions provided by a gentleman in your office, enclosed please find the completed corporation reinstatement form and a check in the amount of \$300.00 for the years 2002 and 2003.

In our discussion, I explained to him how a friend was online (sunbiz.com) and came across my company name and notice that the status showed as inactive and this was the purpose of my call because I did not understand why. At this point he told me that I needed to file an annual report. I explained to him that I did not know that I had to file an annual report and that I had not received any forms to file nor any information regarding filing any forms.

He advised me to go to sunbiz.com and print the reinstatement form, complete it, send a letter regarding the circumstances and include a check in the amount of \$300.00 for the years 2002 and 2003.

Thank you for your time and consideration on this matter. If you have any questions, my office number is 813.261.5020 and the fax is 813.261.5024.

Best regards,

A handwritten signature in black ink, appearing to read "J. Covello".

Joseph A. Covello

Our new address is: 550 N. Reo Street
Suite 300
Tampa, FL 33609