

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P01000052924**

**1. Corporation Name**

MONIQUE'S ICE CREAM, INC.

**2. Principal Office Address**

7501 Ulmerton Rd.

Suite, Apt. #, etc.

522

City & State

Largo, FL

Zip

33771

Country

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**FILED**

03 SEP 10 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000022924800

09/10/03--01012--024 \*\*335.00

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

05/29/2001

**5. FEI Number**

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

Robert Krug, Esq.

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

4010 Boy Scout Blvd.

Suite, Apt. #, Etc.

590

City

Tampa

State

FL

Zip Code

33607

**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

REGISTERED AGENT MUST SIGN

Date

5/13/03

**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/D	Terezia Hoskins	7501 Ulmerton Rd., Unit 522	Largo, FL 33771

**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:**

Terezia Hoskins

6-12-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

Terezia Hoskins  
Monique's Ice Cream, Inc.  
7501 Ulmerton Rd., #522  
Largo, FL 33771

June 12, 2003

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

**Re: Monique's Ice Cream, Inc.**

Dear Sir/Madam:

I did not file a Uniform Business Report because I never received the form. My address had changed since the Articles of Incorporation were originally filed and apparently the Uniform Business Report was mailed to my old address but was never forwarded to my new address. My attorney contacted the Division of Corporations and was informed that the Uniform Business Report was returned to sender. I would therefore respectfully request that the reinstatement penalty be waived.

Sincerely,

Terezia Hoskins

*Terezia Hoskins*