

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:20

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # **P01000095585**

1. Corporation Name

**MONARCH LEASING LIMITED CORP.**

Principal Place of Business

Mailing Address

14 MONTOYA  
 FT. PIERCE FL 34951

14 MONTOYA  
 FT. PIERCE FL 34951

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



100023986581  
 10/21/03--01140--034 \*\*150.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/01/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1144362

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HOPKINS, JOSEPH M	14 MONTOYA	FT. PIERCE FL 34951

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRUHN, JOHN  
 1109 DELAWARE AVENUE  
 FT. PIERCE FL 34950

Name **Joseph M. Hopkins**  
 Street Address (P.O. Box Number is Not Acceptable) **14 Montoya**  
 Suite, Apt. #, Etc.  
 City **Fort Pierce** State **FL** Zip Code **34951**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*Signature of Registered Agent*  
 REGISTERED AGENT MUST SIGN

Date

Oct 16 03

11. 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:

*Signature of Signing Officer or Director*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 16, 03

Date

772 462 5090

Daytime Phone #

CR20040 (7/03)



**Monarch Leasing Ltd.**  
**14 Montoya**  
**Fort Pierce, Fla. 34951**

October 16, 2003

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

RE: EIN: 65-1144362

To Whom It May Concern:

I respectfully request that the late fee be waived because we did not receive the prior UBR notices.

Thank you very much for your cooperation in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Joseph M. Hopkins".

Joseph M. Hopkins  
President

**Phone : (772) 462-5090 Toll Free: 1-866-462-5091 Fax : (772) 464-0213**