

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2005 JUN - 9 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name  
P02000083410

Monster Chef, Inc.

2. Principal Office Address  
7563 W. Sandlake Road

Suite, Apt. #, etc.

City & State  
Orlando

Zip  
32819

Country  
Orange

3. Mailing Office Address  
7563 W. Sandlake Road

Suite, Apt. #, etc.

City & State  
Orlando

Zip  
32819

Country  
Orange

**REINSTATEMENT**

100055709981

06/03/05--01026--013 \*\*908.75

4. Date Incorporated or Qualified  
To Do Business in Florida August 10, 2002

5. FEI Number  
55-0791464

☒ 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  
Ramsey W. Dulin

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

Suite, Apt. #, Etc.  
Suite 425

City  
Orlando

State  
FL

Zip Code  
32801-2717

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 June 1, 2005

**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
D/P	Dimitri Karabinis	7563 W. Sandlake Road	Orlando, Florida 32819

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIMITRI KARABINIS

06/01/05

Date

407/351-1227

Daytime Phone #

CR2E081 (01/05)

6/9/05