PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 2006 8:00 A.M.
Secretary of State

DOCUMENT # P02000097180

REINSTATEMENT 04-06

500068341595

CR2E081 (8/05)

1. Corporation Name
MONROEVILLE CORPORATION

2. Principal Office Address	3. Mailing Office Address
1521 Alton Rd, [illegible]	Same
Suite, Apt. #, etc.: 508	Suite, Apt. #, etc.
City & State: Miami Beach	City & State
Zip: 33139 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 9/9/02

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: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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: [signature] BSI V.P. Date: 3/21/06
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
President	Peter Saile	steinwiesenstr 1	CH-8952 Schlieren Switzerland
Director	Anthony M. Weaver	1521 Alton Rd #508	Miami Beach FL 33139

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: Anthony M. Weaver Anthony M. Weaver 3/17/06 305 468 6168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 931812 7525063

AUTHORIZATION :

COST LIMIT : $ 1050.00

ORDER DATE : March 21, 2006

ORDER TIME : 1:37 PM

ORDER NO. : 931812-005

CUSTOMER NO: 7525063

RECEIVED
06 MAR 22 PM 2:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: MONROEVILLE CORPORATION

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan - Ext# 2955

EXAMINER'S INITIALS _____