

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC 13 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000135107

1. Corporation Name

P. MONFORT, INC.

2. Principal Office Address

2049 S OCEAN DR

Suite, Apt. #, etc.

SUITE 309

City & State

HALLANDALE BEACH, FL

Zip

33009

Country

USA

3. Mailing Office Address

2049 S OCEAN DR

Suite, Apt. #, etc.

SUITE 309

City & State

HALLANDALE BEACH, FL

Zip

33009

Country

USA

REINSTATEMENT

03-05

CR2E081 (8/05)

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

12/27/2002

5. FEI Number

81-0588095

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

ERIKA V SOLIS

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

2049 S OCEAN DR

Suite, Apt. #, Etc.

SUITE 309

City

HALLANDALE BEACH

State

FL

Zip Code

33009

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]

Date 12/07/2005

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
P	ERIKA V SOLIS	2049 S OCEAN DR STE 309	HALLANDALE BEACH, FL 33009
VP	PABLO MONFORT	2049 S OCEAN DR STE 309	HALLANDALE BEACH, FL 33009

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

12/07/2005

Date

(305) 871-0889

Daytime Phone #

v/2

P. MONFORT, INC.
2049 S OCEAN DRIVE SUITE 309
HALLANDALE BEACH FL 330095
Tel. (954) 456-5018

December 7, 2005

**Dept. of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314**

As per our telephone conversation, I am sending to your attention and for your consideration the following:

- 1) A reinstatement form properly filled out and signed by me, the president of the corporation.**
- 2) A check for \$450.00 to cover the three years of annual report.**

I am asking to forgive the penalties, because we never received any ²⁰⁰³ forms to renew the corporation, neither did we know that we had to do it.

Thanking you in advance,

Respectfully,


**Erika V Solis
President**