PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 17 PM 12:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P03000025828

1. Corporation Name
Monster Print & Production
106 East 1st St. Suite 228
Sanford, FL 32771

2. Principal Office Address	3. Mailing Office Address
106 EAST 1st St.	
Suite, Apt. #, etc.: 228	Suite, Apt. #, etc.
City & State: Sanford, FL	City & State
Zip: 32771 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 01-077-1123 ☐ 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: Michael Pare

Street Address (P.O. Box Number is Not Acceptable): 1809 E. Broadway St. Suite 339

Suite, Apt. #, Etc.:

City: Oviedo, FL State: FL Zip Code: 32765

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

Signature of Registered Agent: _____ Date: 1/3/05

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
VP	Crisi Proctor	195 Weleica Sp. 10. #208	Longwood FL 32779
P	Michael Pare	1809 E. Broadway St. #339	Oviedo, FL 32765
	REINSTATEMENT 04-06	500044409345 01/10/05--01033--015 **78.75	
		500044409345 03/01/05--01003--008 **221.25	

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: (Michael Pare) 1/3/05 407-772-0436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

monster
PRINT & PRODUCTION

195 Wekiva Springs Rd., Ste. 208 • Longwood, FL 32779 • www.monsterprint.net • [p] 888-716-2287 • [f] 407-772-0578

1/3/05

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

Re: Monster Print and Production Inc.

Enclosed please find a corporate reinstatement form and a check for $78.75. We are not receiving any forms from the State of Florida, please make sure the proper address listed on our form is updated in your system.

If you should have any questions concerning this matter, please contact the undersigned. Thank you in advance for your prompt attention to this matter!

Very Truly Yours,

Michael Pare
1809 E. Broadway St. Suite 339
Oviedo, Fl 32765

attach Letter to Form