

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV 10 AM 9:39

DOCUMENT # P03000150634

1. Corporation Name

Monaco - Robins Enterprises,
INC.

2. Principal Office Address - No P.O. Box #

5353 S. Tamiami Tr.

Suite, Apt. #, etc.

Suite L

City & State

Sarasota, FL

Zip

34231

Country

U.S.A.

3. Mailing Office Address

5353 S. Tamiami Tr.

Suite, Apt. #, etc.

Suite L

City & State

Sarasota, FL

Zip

34231

Country

U.S.A.

500162648195
11/10/09--01003--018 **750.00

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

12-12-03

5. FEI Number

02-0713028

☒ 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

Lynn Monaco

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

5353 S. Tamiami Tr.

Suite, Apt. #, Etc.

Suite L

City

Sarasota

State

FL

Zip Code

34231

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Lynn Monaco

REGISTERED AGENT MUST SIGN

Date 11/4/09

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
<u>P</u>	<u>Lynn Monaco</u>	<u>5353 S. Tamiami Tr.</u>	<u>Sarasota, FL 34231</u>
<u>V</u>	<u>David Robins</u>	<u>5353 S. Tamiami Tr.</u>	<u>Sarasota, FL 34231</u>
<u>S</u>	<u>David Robins</u>	<u>5353 S. Tamiami Tr.</u>	<u>Sarasota, FL 34231</u>
<u>T</u>	<u>Lynn Monaco</u>	<u>5353 S. Tamiami Tr.</u>	<u>Sarasota, FL 34231</u>
	REINSTATEMENT		
	<u>05-09 To 11/16/09</u>		

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 contained in Chapter 119, 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:

Lynn Monaco LYNN MONACO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/09

Date

941-504-1723

Daytime Phone #