

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 15 PM 5:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000008093

1. Corporation Name

MONTI ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box #
1971 N.W. 178th TERRACE

3. Mailing Office Address
1971 N.W. 178th TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PEMBROKE PINES, FLORIDA

City & State
PEMBROKE PINES, FLORIDA

Zip
33029

Country
BROWARD

Zip
33029

Country
BROWARD

500140794825
01/15/09--01012--018 **793.75
CR2E081 (12/08)

REINSTATEMENT

65-09

4. Date Incorporated or Qualified
To Do Business in Florida 01/01/04

5. FEI Number
43-2038950

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
EMILIO MONTI

Street Address (P.O. Box Number is Not Acceptable)
1971 N.W. 178th TERRACE

Suite, Apt. #, Etc.

City
PEMBROKE PINES

State Zip Code
FL 33029

☒ 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

Emilio Monti
REGISTERED AGENT MUST SIGN

Date 01-13-2009

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
PRES	EMILIO MONTE	1971 N.W. 178th TERRACE	PEMBROKE PINES, FL. 33029

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:

Emilio Monti
President.

01-13-2009

954-868-4848

Date

Daytime Phone #