## 2005 FOR PROFIT CORPO REINSTATEMENT

changed, or on an atta

SIGNATURE:

ent with an address, with all other like empowered.

## DOCUMENT # P04000127452 FILED 1. Entity Name 05 NOV 17 PM 4: 49 MONUMENTAL AIR, INC. SECKETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3385 SEABREEZE LANE 3385 SEABREEZE LANE MARGATE, FL 33063 MARGATE, FL 33063 2. Principal Place of Business 3. Mailing Address ¥ Suite, Apt. #, etc. Suite, Apt. #, etc. 10212005 CR2E098 (6/04) REIN-P City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAVERAS: JUAN-Street Address (P.O. Box Number is Not Acceptable) 3385 SEABREEZE LANE MARGATE, FL 33063 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Delete TITLE TITLE ☐ Addition 9000612207 11/07/05--01065--017 NAME TAVERAS, JUAN NAME STREET ADDRESS 3385 SEABREEZE LANE STREET ADDRESS \*\*150.00 CITY-ST-ZIP MARGATE, FL 33063 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Daytime Phone #

GELL HONE 1954) 383-9507

NUVEMBER 14/2005

TO: Division of Corporutions.

I JUAN TAVERAS PRESIDENT OF

MONOMENTAL AIR TAVE. I AM TAKING

THIS MOMENT TO WRITE TO YOU AND

EXCUSE MYSELF FOR THE REASON

THAT I WAS NOT A WARE WHEM I HAD

TO RENEW MY LONDONATION UNTIL

I ASKEY MY ACCOUNTAN AND HE GAVE

ME THE NUMBER TO RULL.

WHEN I CALLED THEY SENT ME THIS form WHICH I AM SENDING PACK SIBNED, I ALREADY HAD SENT 4 \$150°C CHECK WHICH WAS CASHED.

TIME I WILL LIKE FOR YOU TO SENT ME
THE RENEWAL FORM BY MAIL BECOUSE
THE DON'T HAVE A COMPUTER AND I DID
NOT RECEIVE A PREVIOUS LETTER FROM YOU SHICE.
THANK YOU IN ADVANCE FOR REIDSTATING MY