

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 04000152591

1. Corporation Name

E J M MONOPOLE INC

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

2272 CLIPPER PLACE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33312

Country

BROWARD

3. Mailing Office Address

2272 CLIPPER PLACE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33312

Country

BROWARD

7. Name and Address of Current Registered Agent

Name

MARK COHEN

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

2272 CLIPPER PLACE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

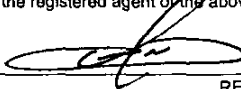
FL

Zip Code

33312

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

 mark cohen

REGISTERED AGENT MUST SIGN

Date 05-03-2007

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	MARK COHEN	2272 CLIPPER PLACE	FORT LAUDERDALE, FL 33312
	PRES		

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:

 MARK COHEN

05-03-2007

Date

Daytime Phone #

FILED

07 MAY -7 PH 3: 29

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
900103198059
05/24/07--01027--007 **450.00

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

December 05 2004

5. FEI Number

61-1478550

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.