

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 DEC 22 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000064570

1. Entity Name
MON CHERIE CORP.



Principal Place of Business
13408 BISCAYNE BLVD.
NORTH MIAMI, FL 33181

Mailing Address
13408 BISCAYNE BLVD.
NORTH MIAMI, FL 33181



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12212008

REIN-P

CR2E098 (11/05)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAMAYO, JUAN DANIEL
5461 NW. 112 CT.
DORAL, FL 33178

Name CINZIA PIERRE

Street Address (P.O. Box Number is Not Acceptable)
13408 Biscayne Blvd

City NORTH MIAMI

FL

Zip Code 33181

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD- PIERRE, FRANTZ ☐ Delete
13408 BISCAYNE BLVD.
NORTH MIAMI BEACH, FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200082930692
12/28/06--01045--008 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD PIERRE, CINZIA ☐ Delete
13408 BISCAYNE BLVD.
NORTH MIAMI BEACH, FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/22/06