

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAR 22 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000002975

1. Corporation Name

The Monster Solution Auto
Inc.

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

4840 Old Winter Garden Rd. Windermere, FL 32786

Suite, Apt. #, etc.

3. Mailing Office Address

12754 Bideford Ave

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32811

Country

USA

City & State

Windermere, FL

Zip

34786

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

33-1150573

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

Johanna Jimenez

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

12754 Bideford Ave

Suite, Apt. #, Etc.

City

Windermere

State

FL

Zip Code

34786

☒ 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.

REINSTATEMENT

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

REGISTERED AGENT MUST SIGN

Date 3/18/10

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	Jorge Jimenez	12754 Bideford Ave.	Windermere, FL 34786
V	Johanna Jimenez	12754 Bideford Ave.	Windermere, FL 34786

10. E-mail Address: Themonstersolutionauto@hotmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Johanna Jimenez

3/18/10

(813) 699-2583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 22 2010