2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000101714

Entity Name: MONARCA 2008, INC

FILED Oct 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

TWO ALHAMBRA PLAZA 2151 S. LE JEUNE ROAD PENTHOUSE 1B SUITE 204 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

TWO ALHAMBRA PLAZA 2151 S. LE JEUNE ROAD SUITE 204 PENTHOUSE 1B

CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

FEI Number: 42-1766944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MURAI WALD BIONDO & MORENO, P.A. MURAI WALD BIONDO & MORENO, P.A. 1200 PONCE DE LEON BLVD. TWO ALHAMBRA PLAZA PENTHOUSE 1B CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 US

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.

SIGNATURE: RENE V. MURAI 10/05/2009

> Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST () Delete Title: DPST (X) Change () Addition Name: ALONSO, JUAN I Name: ALONSO, JUAN I

TWO ALHAMBRA PLAZA, PH 1B 2151 S. LE JEUNE ROAD, SUITE #204 Address: Address:

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

() Delete **VPAS** Title: **VPAS** (X) Change () Addition Title:

Name: ARAGON, MARIA M Name: ARAGON, MARIA M

TWO ALHAMBRA PLAZA, PH 1B 2151 S. LE JEUNE ROAD, SUITE #204 Address: Address:

CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: AS () Delete AS

MURAI, RENE V MURAI, RENE V Name: Name:

TWO ALHAMBRA PLAZA, PH 1B 1200 PONCE DE LEON BLVD. Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN I ALONSO **PRES** 10/05/2009