

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 21 PM 1:53

**REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 93000052612

1. Corporation Name  
**MONICA'S ACCOUNTING AND TAX SERVICES**  
**2151 SUNSET TERRACE DRIVE**  
**ORLANDO, FLORIDA 32825**

2. Principal Office Address  
**2151 Sunset Terrace Dr.**  
Suite, Apt. #, etc.

3. Mailing Office Address  
**2151 Sunset Terrace Dr.**  
Suite, Apt. #, etc.

City & State  
**ORLANDO Florida**

City & State  
**Orlando, Florida**

Zip Country  
**32825 Orange**

Zip Country  
**32825 Orange**

4. Date Incorporated or Qualified To Do Business in Florida **7/22/93**

5. FEI Number **59-3195607** 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 **RAMONITA RAMOS** **2000004435552-5**

Street Address (P.O. Box Number is Not Acceptable)  
**2151 Sunset Terrace Dr.** **-06/21/01--01083-011**

Suite, Apt. #, Etc. **\*\*\*\*300.00 \*\*\*\*300.00**

City **ORLANDO** State **FL** Zip Code **32825**

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 **Ramonita Ramos** Date **5/16/01**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Ramonita Ramos	2151 Sunset Terrace Dr.	ORL. FL 32825

**SP**

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 under section 119.07(3)(i), 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: **Ramonita Ramos** **5/16/01** **(407) 382-7700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2151 Sunset Terrace Drive  
Orlando, Florida 32825

## Monica's Accounting & Tax Services, Inc.

May 17, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Wrong Address  
Document # G98999026942  
FEI # 59-3195607

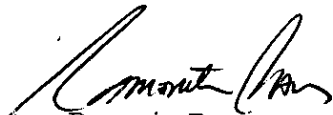
Dear Sir or Madam:

I am writing this letter to respectfully request abatement of the \$ 600.00 reinstatement fee for not filing in the year 2000 and 2001. The annual report was mailed to the wrong address and I never received it. The correct address is 2151 Sunset Terrace Drive, Orlando, and FL 32825.

I'm sending you a check for the amount of \$300.00 for the filing fee for year 2000 and 2001. Please make a note of this change and take my request under advisement. Thank you in advance for your consideration in this matter.

Please Call me at 407-382-770 if you have any further questions. Again, Thank you.

Sincerely,



Ramonita Ramos  
President