

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS



APPROVED  
 AND  
 FILED

**DOCUMENT # P94000075499**

1. Corporation Name

**MONIQUE & ME INC.**

98 DEC 10 PM 12:07

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business

1848 HARRISON ST  
 HOLLYWOOD FL 33020  
 US

Mailing Address

5601 COLLINS AVE.  
 STE. 410  
 MIAMI BEACH FL 33140



**REINSTATEMENT**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
		1848 Harrison St		10/12/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				65-0527740	
City & State		City & State		Applied For	
Hollywood FL		Hollywood FL		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
33020	USA	33020	USA		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	GARRETT, SUSAN M	5601 COLLINS AVE., STE. 410	MIAMI BEACH FL 33140
P	MARCH, SHARON	5601 COLLINS AVE., STE. 410	MIAMI BEACH FL 33140

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GARRETT, SUSAN M 5601 COLLINS STE. 410 MIAMI BEACH FL 33140	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code
	FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Susan M. Garrett Date: 12/7/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

12. 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: Susan M. Garrett Date: 12/7/98 Daytime Phone #: 954 9235556