

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P94000079912

1. Corporation Name

MONET, INC.

Principal Place of Business

4511 N HINES AVE
STE 285
TAMPA FL 34201
US

Mailing Address

4511 N HINES AVE
STE 285
TAMPA FL 34201
US

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

86 DEC -2 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

1996

12/3/96

4. Date incorporated or Qualified To Do Business in Florida

10/28/1994

5. FEI Number

65-0534929

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	CARLSON, LOWELL D	7810 WHITEBRIDGE GLENN	UNIVERSITY PARK FL 34201
D	HANSON, PAUL M SR	3086 BELLBROOK DRIVE	MEMPHIS TN 38118

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***375.00 ***375.00

8. Name and Address of Current Registered Agent

CARLSON, LOWELL D
7810 WHITEBRIDGE GLENN
UNIVERSITY PARK FL 34201

9. Name and Address of New Registered Agent

Name

John Leben

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

4511 N. Hines Ave

Suite, Apt. #, Etc.

Suite 285

City

Tampa

State

FL

Zip Code

33614

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10-11-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-96

309-787-8324

Date

Daytime Phone