


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">FILED</div> 97 APR 30 PM 12:34 SECRETARY OF STATE TALLAHASSEE FLORIDA			
DOCUMENT # P95000004609 1. Corporation Name MONKEY ENTERPRISES, INC.		<div style="font-size: 3em; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 1.5em; font-weight: bold;">96-97</div>					
Principal Place of Business 5979 N.W. 151st St. #201 Miami Lakes, FL 33014						Mailing Address 5979 N.W. 151st Street #201 Miami Lakes, FL 33014	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							
2. New Principal Office Address, If Applicable 5979 N.W. 151st St. Suite, Apt. #, etc. #201 City & State Miami Lakes, FL Zip 33014 Country U.S.		3. New Mailing Office Address, If Applicable 5979 N.W. 151st Street Suite, Apt. #, etc. #201 City & State Miami, Lakes, FL Zip 33014 Country U.S.		4. Date Incorporated or Qualified To Do Business in Florida January 17, 1995 5. FEI Number 65-0552800			
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
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, WP	LEVENSON, RICK	17645 S.W. 86th Ave.	Miami, FL 33157				
D, P	KURTZ, STEVE	9312 N.W. 10th St.	Plantation, FL 33322				
D, VP	SARBONE, LOUIS	5327 N.W. 51st Court	Coconut Creek, FL 33073				
				300002169509--4 -05/07/97--01065--017 *****923.75 *****923.75,			
8. Name and Address of Current Registered Agent Kenneth M. Bloom, Esq. Fourteenth Floor 801 Brickell Avenue Miami, FL 33131			9. Name and Address of New Registered Agent Name Rick Levenson Street Address (P.O. Box Number is Not Acceptable) 17645 S.W. 86th Avenue Suite, Apt. #, Etc. City Miami State FL Zip Code 33157				
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 <i>[Signature]</i> Date 4/25/97 Rick Levenson REGISTERED AGENT MUST SIGN							
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)							
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)							
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>[Signature]</i> 4/25/97 (305) 238-0133							

CR2E040 (8/95)