

PLEASE READ A INSTRUCTIONS BEFORE COMPL. ING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUL 29 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P950000041966**

1. Corporation Name

MONACO INVESTMENT GROUP, INC.

2. Principal Office Address

5601 NW 15 AVE

3. Mailing Office Address

5374 VILLAGE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

LONG BEACH, CA

Zip

33319

Country

Zip

90808

Country

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650594852

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

ROBERT TERRY

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

5601 NW 15 AVE

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33319

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

[Signature]

Date

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	ROBERT M. TERRY	8814 SONOMA LAKE BLVD.	BOCA RATON FLA 33434
SECY	BARBARA M. TERRY	8814 SONOMA LAKE BLVD.	BOCA RATON FLA 33434
DIR	GARY ROSEN	8822 SONOMA LAKE BLVD.	BOCA RATON FLA 33434
DIR			

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)(f), 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] **ROBERT M. TERRY**

7-23-02

Date

561-883-3439

Daytime Phone #