

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P95000047382**

1. Corporation Name

**LE MONEGASQUE, INC.**

**FILED**

**96 NOV 15 AM 8:27**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

**2101 45TH STREET  
W. PALM BEACH FL 33407**

Mailing Address

**2101 45TH STREET  
W. PALM BEACH FL 33407**

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

**REINSTATEMENT 1996**  
*MWB 11-20-96*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**08/10/1985**

5. FEI Number

**LS-0600991**

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)

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
<b>P</b>	<b>Charles W. Schooley III</b>	<b>3305 PARTIDGE PL. SO BOYNTON BLM FL</b>	<b>Boynton Blm FL 33436</b>
<b>S</b>	" " "	"	"
<b>T</b>	" " "	"	"

**800002010788--6  
-11/21/96--01023--012  
\*\*\*\*\*375.00 \*\*\*\*\*375.00**

**REINSTATEMENT 96**

8. Name and Address of Current Registered Agent

**BANISTER, JOHN R ESQ.  
140 ROYAL PALM WAY  
SUITE 205  
PALM BEACH FL 33480**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

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 REQUIRED**  
*[Signature]*  
REGISTERED AGENT MUST SIGN

Date **9/10/96**

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]*  
**CHARLES W. SCHOOLEY III**  
Pres.

Date **9-17-96** 561-841-5300  
Daytime Phone