

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV 15 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA5000073163

1. Corporation Name

MONITORING ACCOUNTS CENTER, INC.

Principal Place of Business

Mailing Address

3907 N. FEDERAL HWY #133
ROMPANO BEH, FL. 33064 - 6042

200002010962--3

-11/21/96--01033--009

***383.75 ***383.75

REINSTATEMENT OK

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

9-21-95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0622562

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
<u>Pres</u>	<u>MICHAEL A. CALDERONE</u>	<u>3361 NW 85th Avenue</u> <u>Coral Springs, FL. 33065</u>	<u>ROMPANO BEH, FL. 33064</u>
<u>Vice</u>	<u>JOHN CALDERONE</u>	<u>3907 N. FEDERAL HWY #188</u>	<u>ROMPANO BEH, FL. 33064</u>

REINSTATEMENT

JB11-19-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MICHAEL CALDERONE
3361 NW 85th Ave
Coral Springs, FL. 33065

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/21/96

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 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:

Signature and Typed or Printed Name of Signing Officer or Director

12/21/96

Date

(954) 786-9880

Daytime Phone #