


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 10 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P9600000981**

1. Corporation Name

CHRIS MONORS INC

2. Principal Office Address

535 SW 84 AVE

Suite, Apt. #, etc.

City & State

MIAMI

Zip

33144

Country

USA

3. Mailing Office Address

535 SW 84 AVE

Suite, Apt. #, etc.

City & State

MIAMI

Zip

33144

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/4/96

5. FEI Number

05-0638222

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

JULIO DIAZ

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

535 SW 84 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33144

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



REGISTERED AGENT MUST SIGN

Date **1-10-05**

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
V.P.	MARITZA DIAZ	535 SW 84 AVE	MIAMI, FL 33144
PRES.	JULIO DIAZ	535 SW 84 AVE	MIAMI, FL 33144
			500047013355 02/22/05--01005--014 **50.00
			500047013355 02/22/05--01005--015 **50.00
			500047013355 02/22/05--01005--016 **50.00

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-05 **305-226 6480**

Date

Daytime Phone #

CR2E001 (01/05)