PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV 22 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000045418

1. Corporation Name

MONSTER ROCK CAFE, INC

Principal Place of Business
219 No 21st Ave
Hollywood, FL 33021

Mailing Address

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

2. New Principal Office Address, If Applicable
SAME AS ABOVE
Suite, Apt. #, etc.
City & State
SAME
Zip

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida 05/21/96

5. FEI Number 65-0694167
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

300003065293--4
12/09/99--01051--023
****750.00 ****750.00

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	4
PRES.	RONALD DANSAK	219 No 21st Ave. Hollywood, FL 33021	Hollywood, FL 33021
SEC'Y TREAS	DANTE PECORA	219 No 21st Ave	Hollywood, FL 33021
			TS
	REINSTATEMENT 99		

8. Name and Address of Current Registered Agent

RONALD DANSAK
5125 NW 98th Dr.
CORAL SPRINGS, FL
33026-2623

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
SAME
Suite, Apt. #, Etc.
City
State FL
Zip Code

CR2E081 (12/98)

10. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent
REGISTERED AGENT MUST SIGN
Date 11/19/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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 AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
RONALD DANSAK
11/19/99
Date
(954)929-5653
Daytime Phone #