

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 MAY 20 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000061787

1. Corporation Name

MONER PROPERTIES, INC.

2. Principal Office Address

260 RIDGEWOOD RD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

KEE BISCAYNE FL

Zip

33149

Country

USA

City & State

Zip

Country

REINSTATEMENT 01-02

4. Date Incorporated or Qualified  
To Do Business in Florida

7/21/96

5. FEI Number

65-0690602

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

MONICA TRUSILLO DE GOMEZ

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

260 RIDGEWOOD RD

Suite, Apt. #, Etc.

City

KEE BISCAYNE

State

FL

Zip Code

33145

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

Monica T. de Gomez

REGISTERED AGENT MUST SIGN

Date

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
P	MONICA TRUSILLO DE GOMEZ	260 RIDGEWOOD RD	KEE BISCAYNE, FL 33145
S	MAURICIO GOMEZ ORTIZ	260 RIDGEWOOD RD	KEE BISCAYNE, FL 33145

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:

Monica T. de Gomez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2

Date

Daytime Phone #

CR2E081 (9/01)