

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUN 14 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000013400

1. Corporation Name

MONUMENT HOLDINGS, INC.

2. Principal Office Address

304 PALERMO AVENUE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Office Address

304 PALERMO AVENUE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

REINSTATEMENT

9871

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/1997

5. FEI Number

65-0740618

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

DAVID MAROON

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

C/O 304 PALERMO AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

David Maroon

Date 6/11/01

REGISTERED AGENT MUST SIGN

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	DAVID MAROON	149 JOSHUA ROAD	DIVIDE, CO 80814

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***1208.75 ***1208.75

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:

David Maroon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/01

Date

719-667-0031

Daytime Phone #