

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # P97000075508																															
1. Corporation Name MONROE ENTERPRISES, INC.																															
2. Principal Office Address 3717 SW 7TH AVE.		3. Mailing Office Address Suite, Apt. #, etc.																													
City & State CAPE CORAL, FL		City & State																													
Zip 33914	Country USA	Zip	Country																												
4. Date Incorporated or Qualified To Do Business in Florida 08/29/97																															
5. FEI Number 59-3467533		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																													
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																															
7. Name and Address of Current Registered Agent Name GREGORY PIACENTINO Street Address (P.O. Box Number is Not Acceptable) 3717 SW 7TH AVE. Suite, Apt. #, Etc. City CAPE CORAL																															
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 <u>Greg Pianto</u> Date <u>9-11-05</u> REGISTERED AGENT MUST SIGN																															
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 40%;">Name of Officers and/or Directors</th> <th style="width: 40%;">Street Address of Each Officer and/or Director</th> <th style="width: 20%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P/D</td> <td>GREG PIACENTINO</td> <td>3717 SW 7TH AVE.</td> <td>CAPE CORAL, FL 33914</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P/D	GREG PIACENTINO	3717 SW 7TH AVE.	CAPE CORAL, FL 33914																				
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P/D	GREG PIACENTINO	3717 SW 7TH AVE.	CAPE CORAL, FL 33914																												
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: <u>Greg Pianto</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>9-11-05</u> Date _____ Daytime Phone # _____																													