

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 FEB 20 PM 2:58

DOCUMENT # **P97000097758**

1. Corporation Name

Monarch Homes of Southwest FL Inc

2. Principal Office Address

301 N. Cattleman

Suite, Apt. #, etc.

Suite 203

City & State

SARASOTA FL

Zip

34232

Country

SARASOTA

3. Mailing Office Address

301 North Cattleman

Suite, Apt. #, etc.

Suite 203

City & State

SARASOTA FL

Zip

34232

Country

SARASOTA

REINSTATEMENT 00401

**4. Date Incorporated or Qualified
To Do Business in Florida**

Nov 1997

5. FEI Number

65-0801825

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

ARON R Kolbe

000003783070--0

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

803 Red Pine STAR Pkwy

02/27/01 01093 020

******900.00 ****900.00**

Suite, Apt. #, Etc.

City

SARASOTA FL

State

FL

Zip Code

34240

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

[Signature]

Date **2-15-01**

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
Pres	Joseph R Kolbe	6302 Spyglass	Bradenton FL 34202
Sec	Karen G Kolbe	6302 Spyglass	Bradenton FL 34202
Dir.	Scott L Kolbe	7672 39th St W. EAST	SARASOTA FL 34243

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:

Joseph R Kolbe

Joseph R Kolbe

2/15/01 941-342-0356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)