PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 DEC -1 PM 1:31

DOCUMENT # P98000048269

1. Corporation Name

MONOGRAM ASSOCIATION MANAGMENT, INC.

Principal Place of Business	Mailing Address
21346 ST. ANDREWS BLVD., STE. 101 BOCA RATON FL 33433	21346 ST. ANDREWS BLVD., STE. 101 BOCA RATON FL 33433

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

REINSTATEMENT 95

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

4. Date Incorporated or Qualified To Do Business in Florida: 05/29/1998

5. FEI Number: 65-0859320 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
~~D~~	~~BUDD, SHERI~~	~~21346 ST. ANDREWS BLVD., STE. 10~~	~~BOCA RATON FL 33433~~
~~D~~	~~BUDD, PAULA~~	~~21346 ST. ANDREWS BLVD., STE. 10~~	~~BOCA RATON FL 33433~~
~~D~~	~~BUDD, RENEE~~	~~21346 ST. ANDREWS BLVD., STE. 10~~	~~BOCA RATON FL 33433~~
D,P,T,S	Gary Budd	21346 St. Andrews Blvd., Suite 101	Boca Raton, FL 33433

8. Name and Address of Current Registered Agent

BUDD, SHERI
21346 ST. ANDREWS BLVD., STE. 101
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name: Gary Budd
Street Address (P.O. Box Number is Not Acceptable): 21346 St. Andrews Blvd., Suite 101
Suite, Apt. #, Etc.:
City: Boca Raton State: FL Zip Code: 33433

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

Signature of Registered Agent: Gary Budd Date: 11/18/99
REGISTERED AGENT MUST SIGN

11. 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: Gary Budd Date 561-994-1288
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR INCORPORATOR
President
Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : GUNSTER, YOAKLEY, ETAL. (WEST PALM BEACH)
Account Number : 076117000420
Phone : (561) ~~650-0727~~ 650-0701
Fax Number : (561) ~~655-5677~~
650-0653

CORPORATION REINSTATEMENT

MONOGRAM ASSOCIATION MANAGMENT, INC.

Certificate of Status	0
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$ 750.00

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