CORPORATION REINSTATEMENT

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

FILED

02 AUG -2 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000089507

1. Corporation Name

1840 Monroe, Inc.

REINSTATEMENT 99-02

2. Principal Office Address	**3.** Mailing Office Address
7541 S.W. 1st Street	7541 S.W. 1st Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida   10/19/1998

City & State	City & State
Plantation, FL	Plantation, FL

5. FEI Number — X Applied For / Not Applicable

Zip	Country	Zip	Country
33317	USA	33317	USA

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sylvain Hogue

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

7541 S.W. 1st Street

Suite, Apt. #, Etc.

6000070782226--7
-08/13/02--0105--023
***1208.75 ***1208.75

City	State	Zip Code
Plantation	FL	33317

CR2E081 (9/01)

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 _____   REGISTERED AGENT MUST SIGN   Date __8/1/02__

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/D	Sylvain Hogue	7541 S.W. 1st Street	Plantation, FL 33317
VP/D	Hamid Ahari	14721 S.W. 21 Street	Davie, FL 33325

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: _____   Sylvain Hogue, President   8/1/01   (954) 444-9766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Form **SS-4**

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)

► See separate instructions for each line. ► Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested	

1840 Monroe, Inc.

2 Trade name of business (if different from name on line 1)	**3** Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)	**5a** Street address (if different) (Do not enter a P.O. box.)
7541 S.W. 1st Street	
4b City, state, and ZIP code	**5b** City, state, and ZIP code
Plantation, FL 33317	

6 County and state where principal business is located

Broward County, Florida

7a Name of principal officer, general partner, grantor, owner, or trustor	**7b** SSN, ITIN, or EIN
Sylvain Hogue	

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) _____
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ► _____
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ► _____
- ☒ Other (specify) ► Rental Apartments

- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator (SSN) _____
- ☐ Trust (SSN of grantor) _____
- ☐ National Guard   ☐ State/local government
- ☐ Farmers' cooperative   ☐ Federal government/military
- ☐ REMIC   ☐ Indian tribal governments/enterprises
- Group Exemption Number (GEN) ► _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
Florida	

9 Reason for applying (check only one box)

- ☒ Started new business (specify type) ► _____
  Rental Apartments
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ►

- ☐ Banking purpose (specify purpose) ► _____
- ☐ Changed type of organization (specify new type) ► _____
- ☐ Purchased going business
- ☐ Created a trust (specify type) ► _____
- ☐ Created a pension plan (specify type) ► _____

10 Date business started or acquired (month, day, year)	**11** Closing month of accounting year
10/19/98	December

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* . . . . ► N/A

13 Highest number of employees expected in the next 12 months. **Note:** *If the applicant does not expect to have any employees during the period, enter "-0-."* . . . . ►

Agricultural	Household	Other
0	0	0

14 Check one box that best describes the principal activity of your business.
- ☐ Construction ☒ Rental & leasing ☐ Transportation & warehousing
- ☐ Real estate ☐ Manufacturing ☐ Finance & insurance
- ☐ Health care & social assistance ☐ Wholesale-agent/broker
- ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail
- ☐ Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

Rental Apartments

16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . ☐ Yes ☒ No
Note: *If "Yes," please complete lines 16b and 16c.*

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ► _____ Trade name ► _____

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code) ( )
	Address and ZIP code	Designee's fax number (include area code) ( )

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ► Sylvain Hogue, President

Applicant's telephone number (include area code) (954) 444-9766
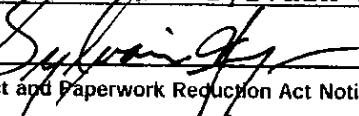
Signature ► *[signature]* Date ► 8/1/02

Applicant's fax number (include area code) (954) 723-7913

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 12-2001)

PLEASE FAX E.I.N. TO: (954) 723-7913