

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P98000089507*

1. Corporation Name
1840 Monroe, Inc.

2. Principal Office Address
7541 S.W. 1st Street

Suite, Apt. #, etc.

City & State
Plantation, FL

Zip Country
33317 USA

3. Mailing Office Address
7541 S.W. 1st Street

Suite, Apt. #, etc.

City & State
Plantation, FL

Zip Country
33317 USA

FILED

05 JAN 20 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *01-05*

MRD

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

5. FEI Number *65-0873386* 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
Sylvain Hogue

Street Address (P.O. Box Number is Not Acceptable)
7541 S.W. 1st Street

Suite, Apt. #, Etc.

City
Plantation

State Zip Code
FL 33317

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

Date *1/18/05*

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/D	Sylvain Hogue	7541 S.W. 1st Street	Plantation, FL 33317
VP/D	Hamid Ahari	14721 S.W. 21 Street	Davie, FL 333325

300045102333
*01/20/05--01033--008 **1050.00*

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*

Sylvain Hogue, President

1/18/05

(954) 444-9766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)