

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

02 MAR 25 PM 2:17

DOCUMENT # P99000028828

1. Corporation Name

R. Monaco Enterprises inc.

2. Principal Office Address

75 E. Indian Lake Rd.

Suite, Apt. #, etc.

#602

City & State

Jupiter FL.

Zip

33477

Country

U.S.A.

3. Mailing Office Address

3690 Everglades Rd.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens FL.

Zip

33410

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

05-0904684

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

Robert Monaco

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

3690 Everglades Rd.

Suite, Apt. #, Etc.

10000520506

-04/08/02--01051--023

\*\*\*450.00 \*\*\*450.00

City

Palm Beach Gardens

State

FL

Zip Code

33410

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

Robert Monaco

REGISTERED AGENT MUST SIGN

Date 2/20/02

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
Pres.	Robert Monaco	3690 Everglades rd.	Palm Beach Gardens FL 33410

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:

Robert Monaco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/02 561-626-6739

Date

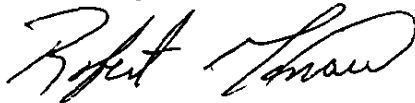
Daytime Phone #

CR2E081 (9/01)

To whom it may concern:

I am writing to you to ask that the reinstatement penalty be waived for my corporation. I did not ever receive any forms to renew my corporation at any time. My plaza has a bad reputation for mail delivery and I only received half of the mail that was supposed to be delivered. This is my first business as a corporation and had I known that there was a fee every year to keep the corporation in tact I would have called to request another form to fill out. I am very sorry that this has happened and I am enclosing a check in the amount of 450.00 which is what the gentleman on the phone asked me to send. Please forward any documents to my home at 3690 everglades rd. Palm Beach Gardens Florida 33410.

Thank you,

A handwritten signature in black ink, appearing to read "Robert Monaco", written in a cursive style.

Robert Monaco