

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 OCT 30 PM 1:47

DOCUMENT # P99000070356

1. Corporation Name

Monserate, Inc.

REINSTATEMENT 2012

2. Principal Office Address - No P.O. Box #
18404 Treehaven Drive

3. Mailing Office Address
P.O. Box 179

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2B081 (11/10)

City & State
Hudson, FL

City & State
Homosassa Springs, FL

Zip
34667

Country
Pasco

Zip
34447-0179

Country
Citrus

4. Date Incorporated or Qualified
To Do Business in Florida **08/09/1999**

5. FEI Number
59-3602419

☐ 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
Piliouras, Neida

Street Address (P.O. Box Number is Not Acceptable)
18404 Treehaven Drive

Suite, Apt. #, Etc.

City
Hudson

State
FL

Zip Code
34667

300241335373
10/30/12--01022--004 **750.00

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

Neida Piliouras

REGISTERED AGENT MUST SIGN

Date **10/25/12**

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	Piliouras, Neida	18404 Treehaven Drive	Hudson, FL 34667

10. E-mail Address: **rita@wmwccpa.com**

OCT 30 2012

(To be used for future annual report notification)

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, in executing 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Neida Piliouras* *Neida Piliouras*

10/25/12

352-220-4645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #