

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2



FILED
01 NOV -2 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000108909
1. Corporation Name
Monica M. Weller MSOTR/L, INC

700004705607--5
-12/05/01--01028--019
****150.00 ****150.00

2. Principal Office Address
4 Glamis Way
Suite, Apt. #, etc.
City & State
Boynton Beach FL
Zip Country
33426 Palm Beach

3. Mailing Office Address
4 Glamis Way
Suite, Apt. #, etc.
City & State
Boynton Beach FL
Zip Country
33426 Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number 105-0980898 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
Monica M. Weller
Street Address (P.O. Box Number is Not Acceptable)
4 Glamis Way
Suite, Apt. #, Etc.
City
Boynton Beach FL
State Zip Code
FL 33426

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 Monica M. Weller MSOTR/L REGISTERED AGENT MUST SIGN Date 10/30/01

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
Owner/ Red Thread	Monica M. Weller	4 Glamis Way	Boynton Beach FL 33426

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)(l), 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: Monica M. Weller MSOTR/L 10/30/01 851-352-6079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (8/00)

10/12/01

292

Dear Katherine Harris or TO Whom it
may Concern,

I just Received your notice of corporation
dissolvement. I did not receive the Renewal
notice and therefore did not know that
I was to pay a \$ 150 annual fee. This
is only my second year AS A corporation
and did not know to expect an annual fee.
I am now sending the check. Please understand
that I did not receive the notice and
should not be penalized.

Thank you,

MONICA M. Weller MSORC

FEI # 65-0980898

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