

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION 98 MAR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -1 PM 1:10

DOCUMENT # **V65293**

1. Corporation Name
FLORIDA MONFRANK LIMITED CORPORATION

Principal Place of Business Mailing Address
**111 CRANDON BLVD.
B-601
KEY BISCAYNE, FL 33149**

**100003040441--1
-11/09/99--01105--002
****300.00 ****300.00**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		9/21/92	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0410130	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED ☐	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	LLATJOS DALMAU, MONTSERRAT	111 CRANDON BLVD. APT. B601	KEY BISCAYNE, FL 33149
ST	DALMAU, ANTONIO	111 CRANDON BLVD. APT. B 601	KEY BISCAYNE, FL 33149

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name MONTSERRAT LLATJOS DALMAU	
		Street Address (P.O. Box Number is Not Acceptable) 1699 CORAL WAY STE. 512	
		Suite, Apt. #, Etc. STE. 512	
		City MIAMI,	
		State FL	
		Zip Code 33145	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *M. Llatjos* Date **10-29-99**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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 name of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), 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: **MONTSERRAT LLATJOS DALMAU** 10-28-99 305 859-7494

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

Rita M. Martinez-Cid
1699 Coral Way Ste. 512
Miami, Florida 33145
Telephone: (305) 859-7494
Facsimile: (305) 858-2513

October 28, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Florida Monfrank Limited Corporation

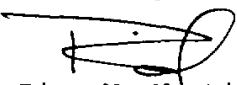
To Whom It Might Concern:

Enclosed please find a check paying for 1998 and 1999 Annual Reports. A form for last year was not received by my clients, that is the reason why it wasn't filed.

Since this is the first time for this company being late and taking into account the fact that the owners do not reside in the States, which makes it very difficult for them to keep up with our laws and regulations, I request and sincerely hope that you will wave the penalties for them and please change their mailing address to my office to prevent this situation from happening again.

As always, I thank you in advance for your cooperation in this matter.

Sincerely,



Rita M. Martinez-Cid
Accountant

rmc