PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC 29 AM 8:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **749116**

1. Corporation Name

MONTAGE TOWNHOMES, INC.

Principal Place of Business	Mailing Address
3108 MCDONALD STR MIAMI FL 33133 US	3202 SHIPPING AVE MIAMI FL 33133 US

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

REINSTATEMENT 00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 3204 Shipping Ave
City & State	City & State Miami, FL
Zip / Country	Zip 33133 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/28/1979

5. FEI Number: 59-2181488 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
PD	LOPEZ, ALEXANDER	3108 MCDONALD ST	MIAMI FL
~~ST D~~	VISCONTI, MICHAEL	3202 SHIPPING AVE	MIAMI FL
~~D~~	~~VAN DEN VEEN, JAMES~~ Delete	~~3204 SHIPPING AVE~~	~~MIAMI FL~~
D, ST	South, Michael	3204 Shipping Ave	Miami, FL 33133
			T00003532657--1 -01/11/01--01042--014 ****236.25 ****236.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
VISCONTI, MICHAEL 3202 SHIPPING AVE MIAMI FL 33133	Name: Michael South Street Address (P.O. Box Number is Not Acceptable): 3204 Shipping Ave Suite, Apt. #, Etc.: City: Miami State: FL Zip Code: 33133

CR2E040 (8/00)

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: SIGNATURE REQUIRED Date: 26 Dec 00
REGISTERED AGENT MUST SIGN

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 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.

KE

SIGNATURE: SIGNATURE REQUIRED Michael J. Visconti 26 Dec 00 305-871-7102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #