

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 NOV 18 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K50617

1. Corporation Name

RELATED MONTGOMERY ROAD, INC.

Principal Place of Business

Mailing Address

2828 CORAL WAY PH
PENTHOUSE
MIAMI FL 33145

2828 CORAL WAY PH
PENTHOUSE
MIAMI FL 33145



700002009437--4

-11/20/96--01026--006

383-75 383-75

12/12/1996

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.

5. FEI Number

65-0092049

Applied For

Not Applicable

City & State

City & State

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DPST	PEREZ, JORGE M.	2828 CORAL WAY, PH	MIAMI FL
DST	ROSS, STEPHEN M.	625 MADISON AVE.	NEW YORK NY
VP	ALVAREZ, MARCELO A	2828 CORAL WAY, PH	MIAMI FL
AS	HERNANDEZ, ANGEL	2828 CORAL WAY PH	MIAMI FL

REINSTATEMENT

1996

A. Alvarez

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEREZ, JORGE M.
2828 CORAL WAY, PH
MIAMI FL 33145

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]
REGISTERED AGENT MUST SIGN

Date 10/16/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 names 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

ANGEL HERNANDEZ
VICE-PRESIDENT

9/28/96

305-460-9900

Daytime Phone #