PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	Kather Secreta	RTMENT OF STAT ine Harris iry of State corporations	E	arateinu (FILED TARY OF STA OF CORPORA II PM 4:	ations
DOCUMENT # 1488 1. Corporation Name J. M. MONT HOME!	(NG CO INC	C :	30000- -01/1 ****	47853 18/02010 750.00 *	495 175019 ***750.00
2. Principal Office Address 7045 SW 67 AVC Suite, Apt. #, etc.	3. Mailing Office Address Same Suite, Apt. #, etc.			TATEM		01.
City & State, MIAMI PL.	City & State			proprated or Qualified isiness in Florida ber 1056205	194	Applied For Not Applicable
33143 Country SA	Zip	Country	6. CERTIFICA	TE OF STATUS DESIRI		tional Fee required tilicate of Status
	7. Name and	Address of Current Reg	istered Agent			
H. James Catli Street Address (P.O. Box Number is 1700 A) Free, SW. DriPo Suite, Apt. #, Etc. 1700 City Miami 8. I, being appointed the registered agent of the at Signature of Registered Agent	Not Acceptable) 2014 RIdg , 169 Dove named corporation an	W.		State Zip C	code 31	RZE08 (9/00)
9. Names and Street Addresses of Each Officer a	REGISTERED AGENT MUS		t at locat 2 directural		<i>,</i> ,	
Titles Name of Officers and/or Director	Each	h Chul Chua / 7in				
P.W. ANITA JENKINS STI	NS 7040	- Sw 67 A 60 Sw 73	VE AVB	Minmi F	<u> 1. 3314.</u> 2. 3314.	
						AD
10. I certify that I am an officer or director or the recthis reinstatement application, the reason for discoved by the corporation have been paid and the on this application is true and accurate, and my SIGNATURE: ANITA	ssolution has been eliminate e names of Individuals listed	ed, the corporate name said on this form do not qualif	tisfies the requiremen ly for an exemption ur	nts of section 607.040 nder section 119.07(01 or 617.0401, F.S	S., that all fees mation indicated