


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 OCT 23 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E039 (1/07)

<b>LIMITED PARTNERSHIP REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> A25932			
1. Name of Limited Partnership MONTENAY-DADE, LTD.			
2. Principal Office Address - No P.O. Box # 6990 NW 97 Avenue Suite, Apt. #, etc.		3. Mailing Office Address 6990 NW 97 Avenue Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33178	Country USA	Zip 33178	Country USA
4. Date Formed or Registered To Do Business in Florida 2/11/1988			
5. FEI Number 65-0108258		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$875 Additional Fee required for a Certificate of Status			
7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof of limited partnership revoked on our records. <input type="checkbox"/> A \$500 penalty is due for each year or part thereof of the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.			
8. Name and Address of Current Registered Agent Name NATIONAL CORPORATE RESEARCH, LTD. Street Address (P.O. Box Number is Not Acceptable) 103 N. Meridian Street Suite, Apt. #, Etc. City Tallahassee, FL 32301-0000         State FL Zip Code 32301-0000			
9. Pursuant to the provisions of section 620.1810 or 620.1900, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) <u>Ida Barovoy</u> DATE <u>10/19/07</u> (REGISTERED AGENT MUST SIGN) <u>IDA BAROVAY, ASS. SECY</u>			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
10. Name(s) of General Partner(s) Montenay Power Corp.	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6990 NW 97 Avenue	City, State and Zip Code Miami, FL 33178	10a. Registration Document Number H61082
REINSTATEMENT 05-07			50011189115 10/23/07--01014--004 **3000.00 LS
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, P.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE <u>Cristina Corda</u>		DATE <u>05/23/07</u>	
Typed or Printed Name of General Partner Signing Form <u>Cristina Corda</u>		Telephone Number <u>305-499-9495</u>	