

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F32369

1. Corporation Name

Montlake Properties, Inc.

2. Principal Office Address

735 Broad Street

Suite, Apt. #, etc.

Suite 1240

City & State

Chattanooga, TN

Zip

37402

Country

USA

3. Mailing Office Address

735 Broad Street

Suite, Apt. #, etc.

Suite 1240

City & State

Chattanooga, TN

Zip

37402

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

4/27/81

5. EEL Number

59-2121840

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

2731 Executive Park Drive, Suite 4

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33331

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

NRAI Services, Inc.

By: *Christine E. Hester* - Asst. Secretary

REGISTERED AGENT MUST SIGN

Date April 21, 2006

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Kim H. White, President	735 Broad Street, Ste 1240	Chattanooga, TN 37402
Sec	Lynda Childress	735 Broad Street, Ste 1240	Chattanooga, TN 37402
Dir	Henry G. Luken, III	735 Broad Street, Ste 1240	Chattanooga, TN 37402
Dir	William H. Horton	835 Georgia Ave, Ste 600	Chattanooga, TN 37402

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*William H. Horton* (William H. Horton) 4/23/2006

423-265-2560