

F98000005536

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: REEMONT INCORPORATED
(Name of corporation - must include suffix)

600002654246--8
-10/02/98--01048--002
****131.25 *****87.50

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation to
transact business in Florida.

Please return all correspondence concerning this matter to the following:

Marat Toukhvatov
(Name of Person)
REEMONT INCORPORATED
(Firm/Company)
1856 24th AVENUE, N.E.
(Address)
NAPLES, FL - 34120
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 OCT -2 AM 10:24

FILED

W10/5

Should you need to call someone concerning this matter, please call:

Matt OR Jacob at (970) 390-6177
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE FLORIDA

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Marat Toukhvator

Address: 0680 Straight Creek DR., suite 109c

Dillon, Co - 80435

Vice President: Yakov Miakota

Address: 1081 Adams Ave, suite K-9

Silverthorne, Co - 80498

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Marat Toukhvator - President Yakov Miakota V.P.

(Typed or printed name and capacity of person signing application)



STATE OF COLORADO

DEPARTMENT OF
STATE

CERTIFICATE

I, VICTORIA BUCKLEY, SECRETARY OF STATE OF THE STATE OF
COLORADO HEREBY CERTIFY THAT

ACCORDING TO THE RECORDS OF THIS OFFICE

REEMONT INC
(COLORADO CORPORATION)

FILE # 19961107646 WAS FILED IN THIS OFFICE ON August 15, 1996
AND HAS COMPLIED WITH THE APPLICABLE PROVISIONS OF THE
LAWS OF THE STATE OF COLORADO AND ON THIS DATE IS IN GOOD
STANDING AND AUTHORIZED AND COMPETENT TO TRANSACT BUSINESS
OR TO CONDUCT ITS AFFAIRS WITHIN THIS STATE.

Dated: September 21, 1998

Victoria Buckley

SECRETARY OF STATE

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SECRETARY OF STATE
TALLAHASSEE FLORIDA