APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 MAY -1 AM 7:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800009046908
06/04/03--01003--010 **150.00

800009046908
11/18/02--01047--003 **750.00

REINSTATEMENT 02-03

DOCUMENT # H61082

1. Corporation Name

Montenay Power Corp.

2. Principal Office Address	**3.** Mailing Office Address
6990 NW 97th Avenue	6990 NW 97th Avenue
Suite, Apt. #, etc.: Unit #5	Suite, Apt. #, etc.: Unit #5
City & State: Miami FL	City & State: Miami FL
Zip: 33178 Country: USA	Zip: 33178 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/07/85

5. FEI Number: 59-2540394 ☐ 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: National Corporate Research, Ltd.

Street Address (P.O. Box Number is Not Acceptable): 103 N. Meridian St.

Suite, Apt. #, Etc.: Lower Level

City: Tallahassee State: FL Zip Code: 32301

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: Cynthia A. Hicks Date: 4-1-03

Asst. Secretary, Cynthia A. Hicks
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
D,P	Stephen S. Passage	6990 NW 97th Ave., Unit 5	Miami FL 33178
D,VP Tr,AsstSec.	Thomas Murphy	6990 NW 97th Avenue, Unit 5	Miami FL 33178
D,VP	Yoon Chae	6990 NW 97th Avenue, Unit 5	Miami FL 33178
VP	Thomas A.R. Morton	6990 NW 97th Avenue, Unit 5	Miami FL 33178
VP	Chris Neu	6990 NW 97th Avenue, Unit 5	Miami FL 33178
VP, S	Fredric M. Skopp	6990 NW 97th Avenue, Unit 5	Miami FL 33178

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 under section 119.07(3)(i), 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: Cristina Conde (305) 499-9495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #