

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC -1 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                                                                                                                                         |                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # K13167</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                        |                                                        |                                                                                                                                                  |
| 1. Entity Name<br><b>MONTENAY INVESTMENTS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                        |                                                                                                                                         |                                                                                                                                                  |
| Principal Place of Business<br><b>6990 NW 97TH AVE<br/>BLDG 5<br/>MIAMI, FL 33178</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                        | Mailing Address<br><b>6990 NW 97TH AVE<br/>BLDG 5<br/>MIAMI, FL 33178</b>                                                               |                                                                                                                                                  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        | 3. Mailing Address                                                                                                                      |                                                                                                                                                  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                        | Suite, Apt. #, etc.                                                                                                                     |                                                                                                                                                  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        | City & State                                                                                                                            |                                                                                                                                                  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                | Zip                                                                                                                                     | Country                                                                                                                                          |
| 6. Name and Address of Current Registered Agent<br><b>NATIONAL CORPORATE RESEARCH, LTD., INC.<br/>515 E. PARK AVE.<br/>TALLAHASSEE, FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                                                                                                                                  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE <i>Petrona Varela</i> <i>Petrona Varela, Assist. Sect.</i> <i>11/25/08</i><br><small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE                                                                                                                                                       |                                                                                                                        |                                                                                                                                         |                                                                                                                                                  |
| FILE NOW!! FEE IS \$750.00<br>After January 1, 2009, Fee will be \$900.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                        |                                                                                                                                         |                                                                                                                                                  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |                                                                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DP<br>PASSAGE, STEPHEN S<br>ONE PENNSYLVANIA PLAZA, STE 4400<br>NEW YORK, NY 10119 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | VPS<br>Skopp, Fredric M.<br>6990 NW 97th Ave, #5<br>Miami, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AS<br>CONDE, CRISTINA<br>6990 NW 97TH AVE., UNIT 5<br>MIAMI, FL 33178 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | 300138446233<br>12/04/08--01044--011 **750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DVPT<br>MURPHY, THOMAS A<br>ONE PENNSYLVANIA PLAZA, STE 4400<br>NEW YORK, NY 10119 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VP<br>NEU, CHRISTOPHER J<br>ONE PENNSYLVANIA PLAZA, STE 4400<br>NEW YORK, NY 10119 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VPS<br>SKOPP, FREDRIC M<br>1605 MAIN STREET SUITE 711<br>SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DVP<br>CHAE, YOON<br>ONE PENNSYLVANIA PLAZA, STE 4400<br>NEW YORK, NY 10118 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                                        |                                                                                                                                         |                                                                                                                                                  |
| SIGNATURE: <i>Cristina Conde</i> <i>ASSISTANT SECRETARY</i> <i>12/29/08</i> <i>305-499-9495</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                        |                                                                                                                                         |                                                                                                                                                  |

12/1/08