PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS		
DOCUMENT # LOG 000053740 1. Limited Liability Company's Name		10	APR 13 AM DE EU	
Montague : Associates, LLC 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address		600175479066 04/13/1001006018 **416.25 CR2E041 (11/09)		
9454 S.W. 29th Lane 4835 Apache Ave		State/Country of Formation		
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Date Organized or Qualified		
City & State City & State		To Do Business in Florida 5/24/04		
Gainesville, FL Jacksonville HL		6. FEI Number Applied For Not Applicable		
	Country 32210 USA	7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent		,		
Name Pelicia L. Montague		A \$100 reinstatement fee is imposed, 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 \$100		
Street Address (P.O. Box Number is Not Acceptable)				
Suite, Apt. #, Etc.				
City Garnesville	State Zip Code FL 32608		reinstatement be waived.	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Date				
10. Names and Street Addresses of Managing Members/Managers				
Titles Name of Managing Members/ Managers	Street Address of Each Managing Member/Managing		City / State / Zip	
Mgr Rebecca L. Mortagne 9454 S.W. 29t		Lane (Ganesville, FL 32608	
REINSTATEMENT 2008-2010				
11. E-mail Address: KMT 300 (HDL, COM (To be used for future annual report notifications)				
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Relecca L. Monlique Date 47 10 Daytime Phone # 904-859-0113				
Typed or printed name of signing Managing Member/Manager Rebecka L. Mortague, Mgr-				