FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 JAN -2 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M60245

REINSTATEMENT 03
600025221505
12/04/03--01019--012 **750.00

1. Corporation Name
Montenay Projects Inc.

2. Principal Office Address	3. Mailing Office Address
One Pennsylvania Plaza	One Pennsylvania Plaza
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 4400	Suite 4400
City & State	City & State
New York NY	New York NY
Zip: 10119 Country: USA	Zip: 10119 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/06/1987

5. FEI Number: 65-0009866 ☐ 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., Inc.

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

Suite, Apt. #, Etc.:

City: Tallahassee FL 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: A Buscunan Date: 12-18-03
REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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
PD	Morton, Thomas A.R.	6990 NW 97th Avenue	Miami FL 33178
VP	Neu, Christopher J.	One Pennsylvania Plaza, Ste 4400	New York NY 10119
CD	Stephen S. Passage	One Pennsylvania Plaza, Ste. 4400	New York NY 10119
DVPT	Murphy, Thomas	One Pennsylvania Plaza, Ste. 4400	New York NY 10119
VPD	Chae, Yoon	One Pennsylvania Plaza, Ste. 4400	New York NY 10119
AS	Conde, Cristina	6990 NW 97th Avenue	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 CRISTINA CONDE 11/24/03 305-499-9495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #