

2008 FOR PROFIT CORPORATION REINSTATEMENT

08 DEC -1 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M60245			
1. Entity Name MONTENAY PROJECTS INC.			
Principal Place of Business 6990 NW 97TH AVE BLDG 5 MIAMI, FL 33178		Mailing Address 6990 NW 97TH AVE BLDG 5 MIAMI, FL 33178	
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 NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.			
SIGNATURE <i>Petrona Varela</i>		DATE 11/25/08	
FILE NOW! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SKOPP, FREDRIC M 6990 NW 97 AVENUE MIAMI, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900138446279 12/04/08--01044--012 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEU, CHRISTOPHER J ONE PENNSYLVANIA PLAZA, STE 4400 NEW YORK, NY 10110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP PASSAGE, STEPHEN S ONE PENNSYLVANIA PLAZA STE 4400 NEW YORK, NY 10119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTA MURPHY, THOMAS ONE PENNSYLVANIA PLAZA, STE 4400 NEW YORK, NY 10119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO CHAE, YOON ONE PENNSYLVANIA PLAZA, STE 4400 NEW YORK, NY 10119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CONDE, CRISTINA 6990 NW 97TH AVE MIAMI, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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>		DATE: 10-29-08	
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR		OFFICER PHONE # 305-499-9495	

12/1/08