PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96-97 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
97 AUG 15 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001435

1. Corporation Name
MONTURA ACTION GROUP - CRIME WATCH, INC.
~~W99000001670~~

Principal Place of Business
~~518 MONTURA AVE.~~
~~MONTURA RANCH ESTATES~~
~~CLEWISTON, FL.~~

Mailing Address
~~H.C. 61 BOX 137~~
~~CLEWISTON, FL 33440~~

REINSTATEMENT 96-97

g. alan 8/15/97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
MONTURA RANCH ESTATES
Suite, Apt. #, etc.
CLUBHOUSE
City & State
CLEWISTON, FL.
Zip 33440 Country HENRY

3. New Mailing Office Address, If Applicable
H.C. 61
Suite, Apt. #, etc.
BOX 365
City & State
CLEWISTON, FL
Zip 33440 Country HENRY

4. Date Incorporated or Qualified To Do Business in Florida
MARCH 24, 1995

5. FEI Number
65-0676845
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	LOU HARDY	440 N. ESTRIBO ST.	CLEWISTON, FL 33440
V	ALICE EASON	860 S. QUEBRADA ST.	CLEWISTON, FL. 33440
S	LUISA HARDY	440 N. ESTRIBO ST.	CLEWISTON, FL 33440
T	RUBY BROWN	255 N. OLIVO ST.	CLEWISTON, FL. 33440
D	ROY EASON	860 S. QUEBRADA ST.	CLEWISTON FL 33440
D	LOPEZ FERRER	780 N. WILLOW ST.	CLEWISTON FL 33440
D	ELENA MORALES	536 DEL SUR ST.	CLEWISTON FL. 33440

8. Name and Address of Current Registered Agent
JIM WADE
518 MONTURA AVENUE
MONTURA RANCH ESTATES
CLEWISTON, FL.

9. Name and Address of New Registered Agent
Name: LOU HARDY
Street Address (P.O. Box Number is Not Acceptable): 440 N. ESTRIBO ST.
Suite, Apt. #, Etc.: H.C. 61 BOX 365
City: CLEWISTON State: FL Zip Code: 33440

CR2E040(12/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Lou Hardy
REGISTERED AGENT MUST SIGN
Date: 7-23-1997

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*****297.50 *****287.50
(See other side for information on intangible tax.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑

12. 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.

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*****8.75 *****8.75

SIGNATURE: Lou Hardy LOU HARDY, PRESIDENT 7-23-97 941-983-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #