

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -3 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 91660

1. Corporation Name

MONTANYE EXCAVATION INC

700009802387
01/03/03--01019--012 **308.75

2. Principal Office Address

4710 S. Washington Ave

Suite, Apt. #, etc.

2nd Floor

City & State

Titusville FL

Zip

32780

Country

USA

3. Mailing Office Address

P.O. Box 6481

Suite, Apt. #, etc.

City & State

TITUSVILLE FL

Zip

32782

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/25/00

5. FEI Number

59-3673696

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

Cynthia S. Montanye

Street Address (P.O. Box Number is Not Acceptable)

1760 Bryn Mawr Dr.

Suite, Apt. #, Etc.

City

Titusville

State

FL

Zip Code

32796

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

Cynthia S. Montanye

REGISTERED AGENT MUST SIGN

Date 12/31/02

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
P/t/s	Cynthia S. Montanye	1760 Bryn Mawr Dr. Titusville FL 32796	Titusville FL 32796
V	Barry L. Montanye	1760 Bryn Mawr Dr.	Titusville FL 32796

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:

Cynthia S. Montanye

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/02

Date

(321)383-5064

Daytime Phone #

CR2E081 (9/01)

Montanye Excavation, Inc.

Mailing: Post Office Box 6481 Titusville, FL 32782-6481

Location: 4710 S. Washington Ave. Titusville, FL 32780

Phone: 321-383-5064 Fax: 321-383-5071

January 31, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Reference: Document #P00000091660

Subject: Request for Reinstatement

To whom it may concern:


Enclosed is our application for reinstatement for year 2002 which was not filed.

We never received the annual form to renew and request a waiver of the additional fees related with the late filing.

I have enclosed the fees related to 2002 and also included the 2003 fees, totaling \$300.00. I additionally request a Certificate of Status (reinstatement), and have included the \$8.75 fee for same.

Thank you in advance for your consideration and await the certificate of status at your earliest convenience. If you have any questions or require any additional information, please contact our office at the above number.

Sincerely,



Cynthia S. Montanye
President