

\$300.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY 10 AM 8:00

DOCUMENT # P02000092419

1. Corporation Name

MONTGOMERY INVESTMENTS, INC.

2. Principal Office Address  
2822 Trinidad Way

3. Mailing Office Address  
2822 Trinidad Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Palmetto, Florida

City & State  
Palmetto, Florida

Zip Country  
34221 USA

Zip Country  
34221 USA

REINSTATEMENT 03-04  
MRD

4. Date Incorporated or Qualified  
To Do Business in Florida 06/04/1969

5. FEI Number  
58-1110053

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  
THOMAS F. MONTGOMERY

Street Address (P.O. Box Number is Not Acceptable)  
2822 Trinidad Way

Suite, Apt. #, Etc.

City  
Palmetto

500035825955  
05/10/04--01093--003 \*\*550 00  
300035826133  
5/10/04 01093 -016 \*900.00  
State Zip Code  
FL 34221

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

*Thomas F. Montgomery*  
REGISTERED AGENT MUST SIGN

Date 4/29/04

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| PRES   | THOMAS F. MONTGOMERY                 | 2822 Trinidad Way                                 | Palmetto, Florida    |
| VD     | DIANA PORANSKI                       | 2814 SHADDOLE                                     | HOUSTON TEXAS 77043  |
| SD     | CHARLES R MONTGOMERY                 | 603 ANDERSON AVE                                  | FORT VALLEY GA 31030 |
| TD     | NED B. MONTGOMERY                    | 603 ANDERSON AVE                                  | FORT VALLEY GA 31030 |
|        |                                      |   |                      |
|        |                                      |   |                      |

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

*Thomas F. Montgomery Pres + CEO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

941-723-3545

Daytime Phone #

CR2E081 (01/04)