PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	07 DEC 14 PM 1: 17
DOCUMENT # POSOOOO 87640 1. Corporation Name	SEURLIAAN ÜN ST ATE T A LLAHASSEE, FL ORIDA
* Momentum INC.	
2. Principal Office Address - No P.O. Box # 10140 Sw GOSF 1080 X 83 147 2 Suite, Apt. #, etc. 3. Mailing Office Address Suite, Apt. #, etc.	500113370165 12/24/0701039005 **300.00 CR2E081 (1/07)
City & State City & State	4. Date Incorporated or Qualified To Do Business in Florida
City & State City & State City & State City & State	5. FEI Number Applied For Not Applicable
\mathcal{F} - $\frac{\text{Country}}{33/73}$ $\frac{\text{Zip}}{33283-16}$ $\frac{\text{Country}}{33283-16}$	6. CERTIFICATE OF STATUS DESIRED \$8.75. Additional Fee required
7. Name and Address of Current Registered Agent	
Name MARIELENA Reyes-VITAS Street Address (P.O. Box Number is Not Acceptable) 10140 SW 6054 Suite, Apt. #, Etc.	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement
City 4/1A41, F(. 33/73 State 33/73	fee be waived.
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the dissipators of Registered Agent REGISTERED AGENT MUST SIGN	bligations of section 607.0505 or 617.0503, F.S. Date
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at I	east 3 directors)
Titles Name of Street Address of Eac Officers and/or Directors Officer and/or Directors	r City / State / Zip
P MANTELENA REYES-VINDS MIDMI, FL 33	173 MIANT, FL-33173
REINSTATEMENT 1209	
RH	
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 path and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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: SIGNATURE: Date Daytime Phone #	