

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

03 MAR 13 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P15976

1. Corporation Name

Montgomery Estates, Inc.

2. Principal Office Address

12377 Merit Drive

Suite, Apt. #, etc.

Suite 300

City & State

Dallas, TX

Zip

75251

Country

3. Mailing Office Address

MAC N9305-173

Suite, Apt. #, etc.

Sixth and Marquette

City & State

Minneapolis, MN

Zip

55479

Country

REINSTATEMENT

4. Date Incorporated or Qualified

To Do Business in Florida 09/15/1987

5. FEI Number

94-2582041

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Carol K. Doe

Date

REGISTERED AGENT MUST SIGN

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
	See attached rider		
			000014058440

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: *Susan H. Lane* Susan H. Lane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/11/2003

Date

612/667-7616

Daytime Phone #

CR2E001 (9/01)

2086

Montgomery Estates, Inc.
Doc# P15976

D/P Raymond L. LaPointe, Jr.

Primary Address: MAC A0108-052
417 Montgomery Street
San Francisco, CA 94104

D Patrick J. Mooney

Primary Address: MAC E2231-081
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Irvine, CA 92614

D Peter J. Roos

Primary Address: MAC A0167-176
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San Francisco, CA 94111

D Jae L. Walker

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Los Angeles, CA 90071

VP/T William L. West

Primary Address: MAC A0101-064
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SVP/AS Thomas A. Ferrari

Primary Address: MAC A0194-020
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SVP Michael E Newburg

Primary Address: MAC #N9305-164
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SVP Les L. Quock

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Denver, CO 80237

AT Nancy Wong
Primary Address: MAC# S4012-015
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Tempe, AZ 85282

AS Rachelle M. Graham
Primary Address: MAC# N9305-173
Sixth and Marquette
Minneapolis, MN 55479

5046

Montgomery Estates, Inc.

AS Susan H. Lane

Primary Address:

MAC# N9305-173

Sixth and Marquette

Minneapolis, MN 55479



CORPORATION SERVICE COMPANY™

6 of 6

ACCOUNT NO. : 072100000032

REFERENCE : 964204 4718027

AUTHORIZATION :

Patricia Pigatto

COST LIMIT : \$ 1200.00

ORDER DATE : March 12, 2003

ORDER TIME : 10:39 AM

ORDER NO. : 964204-005

CUSTOMER NO: 4718027

CUSTOMER: Susan Lane, Legal Asst
Wells Fargo & Company East
Mac #n9305-173
Sixth & Marquette Avenue
Minneapolis, MN 55479

REINSTATEMENT

NAME: MONTGOMERY ESTATES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS _____

RECEIVED
03 MAR 13 AM 11:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA