


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P16500		
1. Entity Name MONTENAY INTERNATIONAL CORP.		


Principal Place of Business ONE PENNSYLVANIA PLAZA SUITE 4400 NEW YORK, NY 10119	Mailing Address ONE PENNSYLVANIA PLAZA SUITE 4400 NEW YORK, NY 10119
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

2007 APR 25 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11072006 REIN-P CR2E098 (11/05)

4. FEI Number 13-3077212	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PASSAGE, STEPHEN S			NAME			
STREET ADDRESS	ONE PENNSYLVANIA PLAZA, STE 4400			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10119			CITY-ST-ZIP			
TITLE	DC	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GASQUET, DENIS			NAME			
STREET ADDRESS	ONE PENNSYLVANIA PLAZA, SUITE 4400			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10119			CITY-ST-ZIP			
TITLE	VPAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, THOMAS			NAME			
STREET ADDRESS	ONE PENNSYLVANIA PLAZA, SUITE 4400			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10119			CITY-ST-ZIP			
TITLE	DPCE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOURVENNEC, MICHEL			NAME			
STREET ADDRESS	1605 MAIN STREET			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34236			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARR, GEORGE			NAME			
STREET ADDRESS	1605 MAIN STREET			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34236			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONDE, CRISTINA			NAME			
STREET ADDRESS	3785 NW 82 AVENUE, SUITE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33166			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cristina Conde **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

04-20-07 (305) 499-9495 **Date Daytime Phone #**