

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 1 PM 4:15

DOCUMENT # P93000018155

1. Corporation Name

MONTARA HOMES, INC.

Principal Place of Business

Mailing Address

3251 SW 16 LANE
MIAMI FL 33145
US

3251 SW 16 LN
MIAMI FL 33145
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

404 SW 6 ST
Suite, Apt. #, etc. # 25

3. New Mailing Office Address, If Applicable

P.O. Box 347863
Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
CORAL GABLES, FL

Zip
33130

Country
USA

Zip
33234

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1993

5. FEI Number

65-0406851

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DE LA CAMPA, GABRIEL	3251 SW 16 LN 735 CREMONA AVE	MIAMI FL CORAL GABLES, FL 33146

000003038540--5
-11/08/93--01116--007
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DE LA CAMPA, GABRIEL
3251 SW 16 LN 735
MIAMI FL 33145

Name GABRIEL DE LA CAMPA

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

735 CREMONA AVE

Suite, Apt. #, Etc.

City CORAL GABLES

State FL

Zip Code 33146

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/27/99

11. 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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

AD

SIGNATURE:

[Signature] GABRIEL DE LA CAMPA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/99
Date

(305) 446-8199
Daytime Phone #