

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **993000032139**

1. Corporation Name

Montana Import & Trading Co. Inc.

Principal Place of Business

Mailing Address

**10024 Navarre Pkwy
Navarre FL 32566**

**PO Box 5762
Navarre FL 32566**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Lucinda Neal	10024 Navarre Pkwy Navarre FL 32566	Navarre FL 32566
Sec	Edwin Neal	10024 Navarre Pkwy	Navarre FL 32566

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-02/09/99--01054--027
***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

Edwin Neal

9. Name and Address of New Registered Agent

Name **Edwin Neal**
Street Address (P.O. Box Number is Not Acceptable)
10024 Navarre Pkwy
Suite, Apt. #, Etc.
Navarre FL 32566
City
State **FL** Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Edwin Neal

REGISTERED AGENT MUST SIGN

Date

12-30-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Lucinda Neal

LUCINDA NEAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-31-98

Date

850 936 4522

Daytime Phone #