


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;"><p>CORPORATION REINSTATEMENT</p></div><div style="margin-left: 20px;"><p>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p></div></div>		<p>FILED</p> <p>00 DEC 12 PM 2:55</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
<p>DOCUMENT # PA3000032139</p>			
<p>1. Corporation Name Montana Import + Trading Co., Inc.</p>			
<p>2. Principal Office Address 4186 Gulf Breeze Pkwy Suite, Apt. #, etc.</p>		<p>3. Mailing Office Address same Suite, Apt. #, etc.</p>	
<p>City & State Gulf Breeze FL</p>		<p>City & State FL</p>	
<p>Zip 32561</p>	<p>Country USA</p>	<p>Zip FL</p>	
<p>4. Date Incorporated or Qualified To Do Business in Florida 04/30/93</p>		<p>5. FEI Number 650412609</p>	
<p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> S</p>		<p>Applied For <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p>	
<p>REINSTATEMENT</p>			
<p>7. Name and Address of Current Registered Agent</p>			
<p>Name Edwin Neal</p>			
<p>Street Address (P.O. Box Number is Not Acceptable) 259 Emerald Ridge Rd</p>			
<p>Suite, Apt. #, Etc.</p>			
<p>City SANTA ROSA Bch FL</p>		<p>State FL</p>	
<p>Zip Code 32459</p>		<p>900003506179-6 -12/19/00-01077-021 ****758.75-****758.75</p>	
<p>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.</p>			
<p>Signature of Registered Agent [Signature]</p>		<p>Date 12-08-00</p>	
<p>REGISTERED AGENT MUST SIGN</p>			
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p>			
<p>Titles</p>	<p>Name of Officers and/or Directors</p>	<p>Street Address of Each Officer and/or Director</p>	<p>City / State / Zip</p>
<p>Pres.</p>	<p>Lucinda Neal</p>	<p>4186 Gulf Breeze Pkwy</p>	<p>Gulf Breeze FL 32459</p>
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<p>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.</p>			
<p>SIGNATURE: Lucinda Neal</p>		<p>Date 12-08-01</p>	<p>Daytime Phone # 850-932-1822</p>
<p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>			