

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -8 AM 8:00

DOCUMENT # **P93000032139**

1. Corporation Name

Montana Import & Trading Co., Inc

2. Principal Office Address

169 Emerald Ridge

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

Zip

32459

Country

usa

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

01-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/30/1993

5. FEI Number

650412609

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

Edwin Neal

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

169 Emerald Ridge

Suite, Apt. #, Etc.

City

Santa Rosa Beach

State

FL

Zip Code

32459

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

REGISTERED AGENT MUST SIGN

Date

8-6-03

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
Pres	Lucinda Neal	169 Emerald Ridge	Santa Rosa Beach, FL 32459

600022171686

08/08/03--01058--004 **1050.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/03

Date

8506220774

Daytime Phone #

CR2E081 (10/02)