

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUL 16 PM 4:37
STATE OF FLORIDA
TALLAHASSEE

DOCUMENT # P94000056650

1. Corporation Name

MONTCLAIR VENTURE, INC.

Principal Place of Business

2375 Tamiami Trail North
Suite 306
Naples, FL 34104

Mailing Address

2375 Tamiami Trial North
Suite 306
Naples, FL 34014

REINSTATEMENT 98-99

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

4. Date Incorporated or Qualified To Do Business in Florida 8/1/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 65-0508310

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	Eli Baron	999 9th Street South, #204	Naples, FL 34102

588882953805
-08/06/99--01089--021
****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Locker, Joseph R. Jr.
2150 Godlette Road, 6th Floor
Naples, FL 34102

Name Eli Baron
Street Address (Do Not Use Post Office Box Numbers) 999 9th Street South
Suite, Apt. #, Etc. 204
City Naples State FL Zip 34102

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

Eli Baron

REGISTERED AGENT MUST SIGN

Date 7-8-99

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 807.0401 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)(f), 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:

Eli Baron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-99

Date

Daytime Phone #