

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 # **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

Zip

Country

Zip

Country

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

5808802953805
-08/06/99--01089--021
****908.75 ****908.75

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name **Eli Baron**
Street Address (Do Not Use Post Office Box Number) **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

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)(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

7-8-99

Date

Daytime Phone #