

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

**APPROVED
AND
FILED**

1996 SEP 20 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000087415

1. Corporation Name

MONTPELIER TRADING, INC.

Principal Place of Business

4911 LYFORD CAY RD.
TAMPA FL 33629

Mailing Address

4911 LYFORD CAY RD.
TAMPA FL 33629

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/1995

5. FEI Number

65-0625935

Applied For

Not Applicable

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)

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
President	Roger J. Bowgen	4911 Lyford Cay	Tampa FL 33629
Vice Pres. & secretary	Roxana Bowgen	4911 Lyford Cay	Tampa FL 33629

8. Name and Address of Current Registered Agent

GIORDANO, JOHN N
220 SOUTH FRANKLIN ST.
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

Roxana Bowgen

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

4911 Lyford Cay

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33629

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

Roxana Bowgen
REGISTERED AGENT MUST SIGN

Date September 19, 1996

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Roxana Bowgen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROXANA BOWGEN

9/19/96 (813)287-1976

Date

Daytime Phone #

CR2E040 (7/96)