

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

98 APR 24 PM 3:55

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P96 0000 53748

1. Corporation Name  
 MONTGOMERY 197, INC.

Principal Place of Business Mailing Address  
 197 MONTGOMERY RD  
 Alt. Springs FL 32714

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. New Mailing Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
 6/24/96

5. FEI Number  
 59-3386625  
 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D, P	LENA K. WASSERMAN	197 MONTGOMERY RD 32714	ALT SPRINGS FL 32714
D, VP T, S	GREGG A. WASSERMAN	197 MONTGOMERY RD Alt. Springs FL 32714	✓

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 04/28/98 01120-006  
 \*\*\*900.00 \*\*\*900.00

REINSTATEMENT 97-98

8. Name and Address of Current Registered Agent  
 Gregg A Wasserman  
 197 MONTGOMERY RD  
 Alt. Springs FL 32714

9. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State FL Zip Code

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: [Signature]  
 REGISTERED AGENT MUST SIGN Date: 3/11/98

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 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] Gregg A Wasserman 3/11/98 467 862 0227  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE-PRESIDENT Date Daytime Phone #

CFR2040 (1/98)