

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <i>6/24/96</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <i>59-3386625</i>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
<i>D, P</i>	<i>LENA K. WASSERMAN</i>	<i>197 MONTGOMERY RD 32714</i>	<i>ALT. SPRINGS FL 32714</i>
<i>D, VP T, S</i>	<i>GREGG A. WASSERMAN</i>	<i>197 MONTGOMERY RD ALT. SPRINGS FL 32714</i>	<i>✓</i>
			<i>800002503988--6</i>
			<i>04/28/98 01120-006</i>
			<i>***900.00 ***900.00</i>
REINSTATEMENT 97-98			
<i>G. Wasserman</i>			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<i>Gregg A Wasserman 197 MONTGOMERY RD ALT. SPRINGS FL 32714</i>	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]* Date *3/11/98*
REGISTERED AGENT MUST SIGN

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 #