PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -2 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000015243

REINSTATEMENT 00-04

600027117156
02/02/04--01104--029 **150.00

600027117156
01/16/04--01065--009 **1208.75

1. Corporation Name
MONFORT ANTIQUES, INC.

2. Principal Office Address	3. Mailing Office Address
5460 JETVIEW CIRCLE	2203 S. VENUS ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FLORIDA	City & State: TAMPA, FLORIDA
Zip: 33634 Country: HILLSBOROUGH	Zip: 33629 Country: HILLSBOROUGH

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: LUIS MARTINEZ-MONFORT

Street Address (P.O. Box Number is Not Acceptable): 4908 SAN MIGUEL ST.

Suite, Apt. #, Etc.

City: TAMPA State: FL Zip Code: 33629

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 1/7/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	ANTONIO MARTINEZ-MONFORT	2203 S VENUS ST.	TAMPA, FLORIDA 33629
VP/D	RENE MARTINEZ-MONFORT	4203 W. BORCELONA ST.	TAMPA, FLORIDA 33629
S/T/D	ELIZABETH MARTINEZ-MONFORT	2203 S. VENUS ST	TAMPA, FLORIDA 33629

10. 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: _____ ANTONIO MARTINEZ-MONFORT 1/7/04 (813) 207-0382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #