
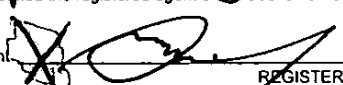
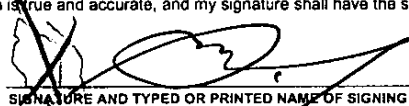


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2008 OCT -6 AM 8:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 997000035344					
1. Corporation Name S. Montague & Company, Inc. 10090 Grove Lane Cooper City, FL 33328-4000					
2. Principal Office Address - No P.O. Box # Samuel M. McMillian		3. Mailing Office Address 900136673749 10/06/08--01061--008 **300.00 REINSTATEMENT			
Suite, Apt. #, etc. Same as above		Suite, Apt. #, etc. Same as above			
City & State		City & State			
Zip	Country	Zip	Country	5. FEI Number 65-0756390 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent					
Name Samuel M. McMillian					
Street Address (P.O. Box Number is Not Acceptable) 10090 Grove Lane					
Suite, Apt. #, Etc.					
City Cooper City		State FL Zip 33328			
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 9/30/08			
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	Samuel McMillian	10090 Grove Lane		Cooper City, FL 33328	
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 contained in Chapter 119, 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: 		Date 9/30/08		Daytime Phone # 305-582-0878	