


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PA70000036093 1. Corporation Name MONTANA DETAILING, INC.					
2. Principal Office Address 8201 PETERS ROAD Suite, Apt. #, etc. 1000 City & State PLANTATION, FL Zip 33324 Country USA		3. Mailing Office Address 8201 PETERS ROAD Suite, Apt. #, etc. 1000 City & State PLANTATION, FL Zip 33324 Country USA		FILED 01 AUG 31 PM 3:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA 800004573318--7 -09/06/01--01106--011 ***1200.00 ***1200.00	
REINSTATEMENT				Date incorporated or Qualified To Do Business in Florida 4/22/1997	
5. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF GOOD STANDING				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name GARY ALEXANDER					
Street Address (P.O. Box Number is Not Acceptable) 8201 PETERS ROAD					
Suite, Apt. #, Etc. 1000					
City PLANTATION State FL Zip Code 33324					
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 <u>Gary Alexander</u> Date 8/29/01 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
P/D	LEONARDO LUIS OLIVERA JIMENEZ	8201 PETERS ROAD SUITE 1000	PLANTATION, FL 33324		
S/T	GARY ALEXANDER	8201 PETERS ROAD SUITE 1000	PLANTATION, FL 33324		
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: <u>Gary Alexander</u> Date 8/29/01 Daytime Phone # 954-916-2737 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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