

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 28 PM 4:00

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000050138

1. Corporation Name

MONTIGO SPIRITS INC

2. Principal Office Address

1600 E. Hillsboro Blvd.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH FL

Zip

33064

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

SEVEN

6/97

5. FEI Number

65-0758885

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

LISA BARAN

Street Address (P.O. Box Number is Not Acceptable)

3801 NE 24 AVE

Suite, Apt. #, Etc.

City

LIGHTHOUSE POINT

State

FL

Zip Code

33064

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

X Lisa Baran Pres.

Date 12/27/01

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	LISA BARAN	3801 NE 24 AVE	LIGHTHOUSE POINT FL
			33064

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: X

Lisa Baran Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/01

Date

954-673-7705

Daytime Phone #

#1208.75