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PLEASE READ A	ALL INSTRUCTIONS	BEFORE C	OMPLETIN	уд тніз говм.	
APPLICATION FOR	FLORIDA DEPARTME Sandra B. Mor Secretary of S	rtham	ė	AND FILED	
REINSTATEMENT	DIVISION OF CORPO	RATIONS	1998 D	EC -2 PH 12: 41	
DOCUMENT # P97000	72847		JECR	ETARY OF STATE HASSEE, FLORIDA	
MONTANA PIJOL MIN	ING, CORP.				
Principal Place of Business	Mailing Address				
Maria Luisa E. Rivera/Presi 6860 S.W. 35 ST Miami, Fl. 33155	dent				
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable	ugh incorrect information and enter 3. New Mailing Office Address, If		Date Incorpora	ated or Qualified	
227 NW 33 St Suite, Apt. #, etc.	6860 SW 35ST Suite, Apt. #, etc.	7,000.00	To Do Busines		22, 1997
N/A	N/A City & State		5. FEI Number	-00	Applied For
Mi.ami, Fl.	Miami, Fl.	, 	65-07785 6.	\$8.75	Not Applicable Additional Fee required
33133 USA	33155	USA		F STATUS DESIRED X for a	a Certificate of Status
7. Names and Street Addresses of Each Officer and/officers and/or Directors	Str Of	ations must list at leas eet Address of Each ficer and/or Director se Post Office Box Nu		00002702 -12/03/980 4 ****250.00	<u>400 — 9</u> 1090 — 024 ****250.00
President. Maria Luisa E. R	ivera 227 NW 1	3.3 ድ/ኮ		Miami, Fl. 331	33
Vice-President. Reynaldo A. 1	Munoz 6860 S.V	v. 35 ST	:	Miami, Fl. 331	55 .
Secretary/Treasury J. Genaro	Medina 2425 Ave :	28 Calle		San Pedro Sula, Honduras	Col. Luciana
				00002702 -12/03/980: *****500.00	
		REI	NSTA		98
				5C	C 12-2-18
8. Name and Address of Current R	egistered Agent	Name	9. Name and Ado	dress of New Registered Age	
Sandra L. Rodriguez		Street Address (P.C	NA GONZALE	• •	10 (1/88
227 NW 33 ST Miami, Fl. 33133			SW 35ST		CR2E040 (1/88
		N/	/A	State Z	Zip Code
10. I have appointed the whitehold agent of the bound	a named appropriate any familiar wi	MIAMI,	entions of Coeffee	FL	33155
10. I, being appointed the registered agent of the abov	e named corporation, am tarrilliar wi	in and accept the oblig	gations of Section	· · ·	-98
Signature of Registered Agent X Assu Page 1	GISTERED AGENT MUST SIGN			Date 1600 - 18	- 98
11. This corporation owes or ha Intangible Personal Property		ar Yes 🗖	No 🗷	(See other side fo on intangibl	
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: X Rey poldo Audolo Muñoz Rivera Jugar Mare de - 98 357-34-11 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					

REINSTATEMENT

TRANSMITTALLETTER

TO: SAMMY CALDWELL

DEPARTMENT OF STATE Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

	MONIANA	\sim 1	1	· · · · · · · · · · · · · · · · · · ·	
Enclosed p	lease find an original	and one (1)	copy of the	REINSTATEMENT]
for the abo	ove corporation and th	e check in tl	ie amount of:_	\$ 750.00	

From:	
Address:	
City, State & Zip:	
Telephone Number:	

PLEASE MAIL TO: <u>Fas-t Corp. Agents, Inc.</u> 5201 N.W.74TH Avenue Miami, Fl 33166 (305) 599-0839

If you have any questions please call Lidia Fernandez (305) 599-0839