

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 SEP 14 AM 5:11

DOCUMENT # P97000075508

1. Corporation Name

MONTRÖSE ENTERPRISES, INC.

2. Principal Office Address

3717 SW 7TH AVE.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

Zip

33914

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/29/97

5. FEI Number

59-3467533

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT -05

7. Name and Address of Current Registered Agent

Name

GREGORY PIACENTINO

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

3717 SW 7TH AVE.

Suite, Apt. #, Etc.

100059611481

09/14/05--01030--002 **500 00

City

CAPE CORAL

State

FL

Zip Code

33914

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

Greg Piacentino

REGISTERED AGENT MUST SIGN

Date

9-11-05

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	GREG PIACENTINO	3717 SW 7TH AVE.	CAPE CORAL, FL 33914

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:

Greg Piacentino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-11-05

Daytime Phone #