

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 1 PM 3:23

DOCUMENT # p98000013979

1. Corporation Name

Senior Montoya

2. Principal Office Address

Michael Montoya

Suite, Apt. #, etc.

Tampa

City & State

Zip

33629

Country

USA

3. Mailing Office Address

3618 S. Manhattan

Suite, Apt. #, etc.

City & State

Florida

Zip

Country

800025232668
12/04/03--01027--029 **150.00

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3498309

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

Michael M. Montoya

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

3618 S. Manhattan

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33629

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-27-03

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

<u>Pres.</u>	<u>Michael M. Montoya</u>	<u>3618 S. Manhattan</u>	<u>TPA, FL 33629</u>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

11/27/03 212

DEAR Katrina

IT WAS NICE Speeking
with you last week on the
tele. the Reason i am
late with my Corp was
it just arrive to me on
11/08/03 - The Mail delivered
IT ~~Mangled~~ Torn - And Wrinkled
it must of got ~~stuck~~ ^{Caught} in the
mail Machine - Please Reinstate
me.

Thanks
Vic. Montoya