COMP: TING THIS FORM. FILED REINS VIEIVI 00 JAN 20 AM 9:55 P98000049691 DOCUMENT # SECRETARY OF STATE 1. Corporation Name EDWARD MONTOYA, P.A. Principal Place of Business Mailing Address FIRST UMÓN FINANCIAL CENTER FIRST UNION FINANCIAL CENTER 200 SOUTH BISCAYNE BLVD.. SUITE 4600 200 SOUTH BISCAYNE BLVD., SUITE 4600 MIAMI FL 33131 MIAMI FL 33131 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3 · New Mailing Office Address, If Applica Date Incorporated or Qualified To Do Business in Florida 06/03/1998 Suite, Apt. #, etc. 5. FEI Number Applied For Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATE for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director City / State / Zip D MONTOYA, EDWARD 200 SOUTH BISCAYNE BLVD. MIAMI FL-33181 331 30 Street 18 West Flagler *****300.00 8. Name and Address of Current Registered Agent? 9."Name and Address of New Registered Agent Name MONTOYA, EDWARD Street Number is Not Acceptable; FIRST UNION FINANCIAL CENTER Suite, Apt. 200 SOUTH BISCAYNE BLVD., SUITE 4600 **MIAMI FL 33131** 10. I, being appointed the registered named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent RED AGENT MUST SIGN 11. I certify that I am an officer or director of 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 fisted 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 AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 668-31∞

Date

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Law Office of EDWARD MONTOYA, P.A.

COURTHOUSE PLAZA 28 WEST FLAGLER STREET SUITE 202

MIAMI, FLORIDA 33130 TELEPHONE (305) 372-0012 FACSIMILE (305) 372-0424/668-2945

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January 13, 2000

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Certified Mail with Return Receipt Requested

Re:

EDWARD MONTOYA, P.A. FEI Number 65-0839945

Dear Sir/Madam:

Pursuant to my conversation with Tyron Scott, please consider this letter a request to waive the penalty fees for Reinstatement of Edward Montoya, P.A.

We had previously sent the attached application along with a check #1026 in the amount of \$750.00 on November 11, 1999. It is apparent that said application and check were never received by the State of Florida.

We kindly request immediate reinstatement of said corporation and deletion of any reference of inactivity as this corporation has been active since its creation. This error and misunderstanding is a result of a misunderstanding between the owner of the office where I had initially created this corporation and myself. As a result of the misunderstanding I never received notice from the Department of State requesting an Annual Report or Notice of Any Action that could have lead to a determination to administratively dissolve this corporation. Therefore, kindly request this one time waiver.

Should you have any questions, please feel free to contact the undersigned.

Sincerely,

Edward Montoya

Edward Montoya EM/pg Enclosures