


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION UNIFORM BUSINESS REPORT	
 FLORIDA DEPARTMENT OF STATE Division of Corporations	
DOCUMENT # S87460	
1. Corporation Name LOMONTE, INC	
2. Principal Office Address 229 Shorewood Way	3. Mailing Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State JUPITER FL	City & State
Zip 33458	Country Palm Beach

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/29/01--01086--013
******308.75 ****308.75**

4. Date Incorporated or Qualified To Do Business in Florida 10/15/91	Applied For
5. FEI Number 65-0295383	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Filings, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 3732 NW 16th STREET	
Suite, Apt. #, Etc.	
City Font Lauderdale	State FL
	Zip Code 33311

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		Date	
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/V/S/T	MONTALBANO, LOUIS	229 SHOREWOOD WAY	JUPITER FL 33458
<div style="border: 2px solid black; padding: 10px; text-align: center;">THIS IS THE UNIFORM BUSINESS REPORT FOR THE YEARS 2000 and 2001.</div>			
BK			

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: <i>Louis Montalbano</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Louis MONTALBANO Pres. 8/20/01
	Daytime Phone # 561-627-0597

587460

August 20, 2001

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Mr. BUCK KOHR:

Please reinstate the corporation named LOMONTE, INC. The corporate address changed and the annual report mailing was not forwarded ahead.

Enclosed is the necessary form and payment. Thank you for your assistance.

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Louis Montalbano, Pres

LOUIS MONTALBANO, PRES.
LOMONTE, INC.
229 Shorewood Way
Jupiter, FL. 33458
561-627-0597

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