

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 27 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000067910

1. Corporation Name

MANTAMOUNT TOWERS CORPORATION FLORIDA

2. Principal Office Address

700 ROUTE 130 NORTH

Suite, Apt. #, etc.

SUITE 204

City & State

CINNAMINSON, NJ

Zip

08077

Country

UNITED STATES

3. Mailing Office Address

700 ROUTE 130 NORTH

Suite, Apt. #, etc.

SUITE 204

City & State

CINNAMINSON, NJ

Zip

08077

Country

UNITED STATES

REINSTATEMENT 02-04

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

1994

5. FEI Number

65-0500679

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 LAMPERT, ESQ.

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

1655 PALM BEACH LAKES BLVD.

Suite, Apt. #, Etc.

SUITE 900

City

WEST PALM BEACH

State

FL

Zip Code

33401-2225

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

Leonard B. Stevens
REGISTERED AGENT MUST SIGN

Date

1/15/04

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
PRES.	LEONARD STEVENS	23 CANNONWOOD TERRACE	MEDFORD, NJ 08055
V.P.	ARNOLD LAMPERT	2900 LEBATEAU DRIVE	PALM BEACH GARDENS, FL 33410

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)(f), 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:

LEONARD B. STEVENS, President
Leonard B. Stevens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/04

Daytime Phone #

CR2001 (10/02)