

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 366828

1. Corporation Name

Mount Inc.

2. Principal Office Address

4541 Randaq Dr.

Suite, Apt. #, etc.

City & State

N. Ft. Myers, Fla.

Zip

33903

Country

U.S.A.

3. Mailing Office Address

4541 Randaq Dr.

Suite, Apt. #, etc.

City & State

N. Ft. Myers, Fla.

Zip

33903

Country

U.S.A.

FILED

04 OCT -4 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

7-09-1970

5. FEI Number

59-1297380

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Wilhelmina M. Mount

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

4541 Randaq Dr.

Suite, Apt. #, Etc.

City

N. Ft. Myers, Fla.

State

FL

Zip Code

33903

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

Wilhelmina M. Mount

REGISTERED AGENT MUST SIGN

Date

9-28-04

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.	Wilhelmina M. Mount	4541 Randaq Dr.	N. Ft. Myers, Fla 33903
V. Pres.	Paul Jason Eckenrode	3809 McKinley	Ft. Myers, Fla 33901
Sec. Tre.	Brett Michael Eckenrode	3809 McKinley	Ft. Myers, Fla 33901
			100041524181 10/01/04--01004--010 **600.00
			100041524181 10/01/04--01004--011 **300.00

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.

Wilhelmina M. Mount

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-28-04 239-9955722

Daytime Phone #

CR2E081 (01/04)