

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham,  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY 16 PM 4:56

DOCUMENT # 617912

1. Corporation Name

Mountain Stream, Inc.

Principal Place of Business

523 Lake Avenue  
Lake Worth, FL 33460

Mailing Address

523 Lake Avenue  
Lake Worth, FL 33460

500004221035--6  
-05/16/01--01116--019  
\*\*\*1993.75 \*\*\*1950.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

505 S. Flagler Drive  
Suite, Apt. #, etc.  
400

3. New Mailing Address, If Applicable

505 S. Flagler Drive  
Suite, Apt. #, etc.  
400

4. Date Incorporated or Qualified  
To Do Business in Florida

4/18/79

5. FEI Number

65-0125537

Applied For

Not Applicable

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33401

Country

U.S.A.

Zip

33401

Country

U.S.A.

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
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)

1 Title(s)	2 Name of Officers and/or Directors	3 (Do NOT Use Post Office Box Numbers) Street Address of Each Officer and/or Director	4 City / State / Zip
D,P VP,	Eelis G. Tolkki	505. Flagler Drive Suite 400	West Palm Beach, FL 33401
S,T	Eelis G. Tolkki	505 S. Flagler Drive Suite 400	West Palm Beach FL 33401

REINSTATEMENT

93-01

HTF

5-17-2001

8. Name and Address of Current Registered Agent

John E. Marke  
523 Lake Avenue  
Lake Worth, FL 33460

9. Name and Address of New Registered Agent

Name

Christian N. Scholin, Esquire

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

505 South Flagler Drive

Suite, Apt. #, Etc.

400

City

West Palm Beach

State

FL

Zip Code

33401

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5/2/01

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Eelis Tolkki Eelis G. Tolkki

5/2/01 561-655-7711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20-0 (12/95)