

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F01000000407**

1. Corporation Name

MOUNTAIN WEST PALM REAL ESTATE, INC.

Principal Place of Business

C/O IRON MOUNTAIN
745 ATLANTIC AVENUE
BOSTON MA 02111

Mailing Address

C/O IRON MOUNTAIN
745 ATLANTIC AVENUE
BOSTON MA 02111

FILED

02 NOV 18 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT *02*

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 Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/2001

5. FEI Number

☒ Applied For

☐ Not Applicable

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 Street Address of Each Officer and/or Director	4 City / State / Zip
PCD	REESE, C. RICHARD	745 ATLANTIC AVENUE	BOSTON MA 02111
VD	KENNY, JOHN F JR.	745 ATLANTIC AVENUE	BOSTON MA 02111
VT	LAWRENCE, JOHN P	745 ATLANTIC AVENUE	BOSTON MA 02111
V	RYAN, T. ANTHONY	745 ATLANTIC AVENUE	BOSTON MA 02111
V	BUA, JEAN	745 ATLANTIC AVENUE	BOSTON MA 02111
VS	WATZKE, GARY B	745 ATLANTIC AVENUE	BOSTON MA 02111

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

200009048602

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date *November 12, 2002*

11. 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:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-02

Date

617-535-4766

Daytime Phone #

CR2E040 (8/02)



ACCOUNT NO. : 072100000032

REFERENCE : 821923 4321862

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 750.00

ORDER DATE : November 15, 2002

ORDER TIME : 9:58 AM

ORDER NO. : 821923-015

CUSTOMER NO: 4321862

CUSTOMER: Jeremy L. Lewis, Esq
Iron Mountain Information
745 Atlantic Avenue
10th Floor
Boston, MA 02111

RECEIVED
02 NOV 18 AM 11:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FL 32304

REINSTATEMENT

NAME: MOUNTAIN WEST PALM ESTATE,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____