

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

MOUNTAIN WEST PALM REAL ESTATE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,650.00

\$1,050.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAY. 8. 2009 4:13PM C S C

NO. 754 P. 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 MAY 08 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000000407

1. Corporation Name

Mountain West Palm Real Estate, Inc.

2. Principal Office Address - No P.O. Box #

745 Atlantic Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Boston, MA

City & State

Zip

02111

Country

USA

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

01/23/01

5. FEI Number
04-3545064

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 AgentMatthew Young
as its agent

Date May 8, 2009

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	Bob Brennan	745 Atlantic Avenue	Boston, MA 02111
T/D	John P. Lawrence	745 Atlantic Avenue	Boston, MA 02111
S	Ernest Cloutier	745 Atlantic Avenue	Boston, MA 02111

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 contained in Chapter 119, 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:

Ernest Cloutier, Secretary

May 8, 2009

617.535.4851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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