

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000003558

1. Entity Name
MOUNTAIN ACCESSORIES, INC.



FILED

05 FEB -9 AM 9:58
REINSTATEMENT 04-05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11/19/04 81037 007 750
JK

Principal Place of Business
1301 METROPOLITAN AVE., STE. 5
WEST DEPTFORD, NJ 08066

Mailing Address
1301 METROPOLITAN AVE., STE. 5
WEST DEPTFORD, NJ 08066

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

01192005 REIN-P CR2E098 (6/04)

4. FEI Number
22-3486741

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MUNROE, W. BRADLEY ESQ
239 E. VIRGINIA ST.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *W. Bradley Munroe* DATE 2-7-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

900042898409
11/19/04--01038-007 **750.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP MCALPINE, KENNETH 1301 METROPOLITAN AVE., STE. 5 WEST DEPTFORD, NJ 08066 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMAFSKY, CHRIS 1301 METROPOLITAN AVE., STE. 5 WEST DEPTFORD, NJ 08066 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMAFSKY, JAMES 1301 METROPOLITAN AVE., STE. 5 WEST DEPTFORD, NJ 08066 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other persons empowered.

SIGNATURE: *Chris Tomafsky* DATE 1/20/05 DAYTIME PHONE # 856-853-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR