

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J84564

1. Corporation Name

MOUNTAINSTOP, INC.

7411 Floranada Way

Delray Beach, FL 33446

New ADDRESS

Principal Place of Business

212 COCONUT PALM ROAD

BOCA RATON FL 33482

US

Mailing Address

212 COCONUT PALM ROAD

BOCA RATON FL 33432

US

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.

7411 Floranada

City & State

City & State

Delray Beach, FL

Zip

Country

Zip

33446

Country

US

REINSTATEMENT

99

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/1987

5. FEI Number

58-1750117

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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
D	ROSS, DONALD E.	212 COCONUT PALM ROAD	BOCA RATON FL
D	ROSS, HELEN	212 COCONUT PALM ROAD	BOCA RATON FL
		7411 Floranada Way Delray Beach, FL 33446	800003096118--1 -01/12/00--01064--006 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

ROSS, DONALD E.

212 COCONUT PALM ROAD

BOCA RATON FL 33432

7411 Floranada Way
Delray Beach, FL 33446

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
Donal Ross
REGISTERED AGENT MUST SIGN

Date

12-20-99

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/99
Date

576 994 1829
Daytime Phone #