

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 12 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900139095949
12/17/08--01027--002 **122.50

REINSTATEMENT 07-08

CR2E081 (10/08)

DOCUMENT # N02000000156

1. Corporation Name

Mountain Climbers Inc.

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

1325 Plantation Park Circle

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip

32821

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Jan 07, 2002

5. FEI Number

65-1116641

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Eugene-Berthonia Mays

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

6659 Time Square Ave

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32835

☒ 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 Agent

Berthonia Mays
REGISTERED AGENT MUST SIGN

Date 12-12-08

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	Vince Williams	6682 Time Square Ave	Orlando FL 32835
VP	Troy Williams	Alafaya Rd.	Orlando FL
T	James Taylor	6627 Pucensborough	Orlando FL 32835
S	Natalie Henraj	11112 Coniston Way	Orlando FL 34786
M	Darren Henraj	11112 Coniston Way	Orlando - FL 34786
D	Eugene + Berthonia Mays	6659 Time Square Ave	Orlando FL 32821

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:

Berthonia Mays
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-12-08 407-485-1862

Date

Daytime Phone #