


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b> 05 NOV 21 PM 3:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> 1797 000005305				
<b>1. Corporation Name</b> The "Mountain" Foundation Inc.				
<b>2. Principal Office Address</b> 1818 Wexham Blvd. Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 1818 Wexham Blvd. Suite, Apt. #, etc.		
<b>City &amp; State</b> Apopka FL <b>Zip</b> 32703 <b>Country</b> U.S.		<b>City &amp; State</b> Apopka FL <b>Zip</b> 32703 <b>Country</b> U.S.		
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> Sept 18, 1997		
		<b>5. FEI Number</b> 593492720 <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b> <input checked="" type="checkbox"/>		
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>		
<b>7. Name and Address of Current Registered Agent</b>				
<b>Name</b> Joel D. Berry				
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1818 Wexham Blvd.				
<b>Suite, Apt. #, Etc.</b>				
<b>City</b> Apopka		<b>State</b> FL	<b>Zip Code</b> 32703	
<b>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.</b>				
<b>Signature of Registered Agent</b> Joel Berry		<b>Date</b> 10-22-05		
<b>REGISTERED AGENT MUST SIGN</b>				
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>				
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>	
PD	Joel D. Berry	1818 Wexham Blvd.	Apopka FL 32703	
D	Kathie J. Berry	1818 Wexham Blvd.	Apopka FL 32703	
D	Angela Sims	4424 Brooke ST.	Orlando FL 32811	
D	Charles Smith	2494 Ravenall Ave.	Orlando FL 32811	
100061556091 11/21/05--01003--010 **367.75				
<b>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 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.</b>				
<b>SIGNATURE:</b> Joel Berry		<b>Date</b> 10-22-05 (407) 889-9024		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>		

CR2E081 (01/04)