

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N 99000003237**

1. Corporation Name

Mountain Movers Institute, Inc.

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

1405 Grand Cayman Circle

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Zip

33884

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Allan E. Chapp

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

1405 Grand Cayman Circle

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33884

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

Allan E. Chapp

REGISTERED AGENT MUST SIGN

Date **11-18-09**

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/D	Allan E. Chapp	1405 Grand Cayman Circle	Winter Haven, FL 33884
D	Betty C. Oswalt	1807 Garden Lake Dr.	Winter Haven FL 33884
D	Edward J. Chapp	207 Addison Rd.	Riverside, IL 60542

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:

Allan E. Chapp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-09

Date

309-357-0032

Daytime Phone #

FILED

09 NOV 25 PM 2:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

D. CORRELL DEC 01 2009

Reinst. 08-09

DC

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5/20/99

5. FEI Number

593579092

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

593579092

11/30/09--01002--012 **131.25

101.25 x 2 = 102.50 + 8.75 = 111.25