

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB -6 AM 11:53

DOCUMENT # P02000052980

1. Corporation Name

MOUNT JOY COMPUTER SYSTEMS, INC

700117247737
02/06/08--01013--020 **750.00

CR2E081 (12/07)

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

250 N. E. 164th St Miami FL

3. Mailing Office Address

17340 NW 19th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33162

Country

USA

Zip

33056

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

09/03/02

5. FEI Number

04-3650688

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 Susanna Edler

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

7865 Sugar Bend Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819

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 Susanna Edler

Date 02-01-08

REGISTERED AGENT MUST SIGN

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	Marc Albert Josma	250 NE 164th St	Miami, FL 33162
VP	SIMON SANDS	8131 Vineland AVE #229	Orlando, FL 32821
Sec.	Susanna Edler	7865 Sugar Bend Drive	Orlando, FL 32819

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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: Susanna Edler : Susanna Edler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-08 - 321-331-4241
Date Daytime Phone #