2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000075847

Name:

Address:

City-St-Zip:

JORDAN, JAMES L

3520 AGRICULTURAL DR SUITE 306

ST. AUGUSTINE, FL 32092

FILED Oct 26, 2009 Secretary of State

Entity Nai	me: MOUNT	AIN INVESTMENT GROUP, IN	1C.			
Current Principal Place of Business:				New Principal Place of Business:		
1919 BLANDING BLVD. JACKSONVILLE, FL 32210				3520 AGRICULTURAL DR SUITE 306 ST. AUGUSTINE, FL 32092		
Current Mailing Address:				New Mailing Address:		
1919 BLANDING BLVD. JACKSONVILLE, FL 32210			SUITE	3520 AGRICULTURAL DR SUITE 306 ST. AUGUSTINE, FL 32092		
FEI Number:	: 20-2885914	FEI Number Applied For ()	FEI Number Not	Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
ROMANELLO, DUANE C 1919-8 BLANDING BLVD. JACKSONVILLE, FL 32210 US				STANDARD PRINTING 3520 AGRICULTURAL DR SUITE 306 ST. AUGUSTINE, FL 32092 US		
	named entity e of Florida.	submits this statement for the	purpose of chang	ing its registered	office or registered agent, or both,	
SIGNATURE: JAMES L. JORDAN				10/26/2009		
	Electro	nic Signature of Registered Ac	jent		Date	
		93(2)(b), F.S., the corporation did r ng Trust Fund Contribution ().	ot receive the prior	notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (CONNELLY, G 3950 MOSS O JACKSONVILL	AK DRIVE	Title: Name: Address City-St-2	s:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP (RINGER, RICH 930 EUCLID S SANTA MONIC	TREET #304	Title: Name: Address City-St-;	s:)Change ()Addition	
Title:	ST () Delete	Title:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES L. JORDAN ST 10/26/2009