

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2011-2017

DOCUMENT # P06000087709

1 Corporation Name

Mountain N Meadow Holdings, Inc.

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

340 Royal Poinciana Way

Suite, Apt. #, etc.

317-301

City & State

Palm Beach, FL

Zip

33480

Country

Palm Beach

3. Mailing Office Address

340 Royal Poinciana Way

Suite, Apt. #, etc.

317-301

City & State

Palm Beach, FL

Zip

33480

Country

Palm Beach

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
June 25, 2006

5. FEI Number

X

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES

\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Evan Turk

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

319 Clematis Street

Suite, Apt. #, Etc.

612

City

West Palm Beach

State

FL

Zip Code

33401

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

REGISTERED AGENT MUST SIGN

Date: 4-11-17

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
F.C. D	James K. Devericks	340 Royal Poinciana Way #317-301	Palm Beach, FL 33480

10. E-mail Address: jkdm3x@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

James K. Devericks

4-11-17

561-665-6570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. ASHTON

Mountain N Meadow Holdings, Inc.

2052

April 11, 2017

State of Florida
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Reinstatement

Dear Kathy,

Pursuant to our call this afternoon please accept this letter as you requested as my formal acknowledgment that I must release Mountain N Meadow Holdings, LLC. – DOCUMENT # L15000172261, in order for my Mountain N Meadow Holdings, Inc. - DOCUMENT # P06000087709 to be reinstated. Further, I will no longer need Mountain N Meadow Holdings, LLC.

Therefore, I am hereby formally releasing the name of Mountain N Meadow Holdings, LLC. – DOCUMENT # L15000172261.

Also as we discussed Kathy please find in the enclosed envelope is the completed and signed Corporation Reinstatement Form for Mountain N Meadow Holdings, Inc. – DOCUMENT # P06000087709.

Also please find in the enclosed envelope is TD Bank Certified Check in the amount of \$1,658.75 for the Reinstatement of Mountain N Meadow Holdings, Inc.

Most Sincerely


James Devericks

Founder and Director