

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -1 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300171031823
03/02/10--01040--020 **1050.00

CR2E081 (12/08)

DOCUMENT # P06000105458

1. Corporation Name

OVER THE MOUNTAIN, INC.

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

2101 Vista Pkwy

Suite, Apt. #, etc.

119

City & State

West Palm Beach, FL

Zip

33411

Country

US

3. Mailing Office Address

2101 Vista Pkwy

Suite, Apt. #, etc.

119

City & State

West Palm Beach, FL

Zip

33411

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/11/2006

5. FEI Number
27-1971293

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

Joseph J McMichael

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

2101 Vista Pkwy

Suite, Apt. #, Etc.

119

City

West Palm Beach

State

FL

Zip Code

33411

☐ 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

Joseph J McMichael

REGISTERED AGENT MUST SIGN

Date **2/24/10**

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	Joseph J McMichael	2101 Vista Pkwy #119	West Palm Beach, FL 33411
VP	Gerard DeISorbo	2101 Vista Pkwy #119	West Palm Beach, FL 33411
SEC	Frank Santa	2101 Vista Pkwy #119	West Palm Beach, FL 33411

REINSTATEMENT

RH

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:

Joseph J McMichael

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/10

Date

Daytime Phone #