

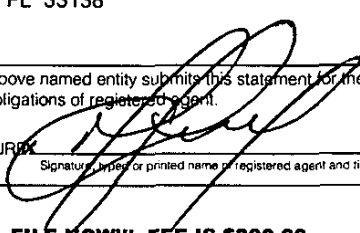
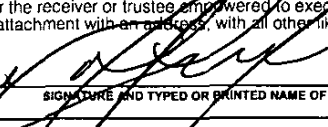


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P06000114521</b>					
<b>1. Entity Name</b> MOUNTAIN SOLUTIONS, INC.					
<b>Principal Place of Business</b> 7100 BISCAYNE BOULEVARD SUITE 300 MIAMI, FL 33138			<b>Mailing Address</b> 7100 BISCAYNE BOULEVARD SUITE 300 MIAMI, FL 33138		
<b>2. Principal Place of Business - No P.O. Box #</b> 19141 NW 57CT		<b>3. Mailing Address</b> 19141 NW 57CT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05142008    REIN-P    CR2E098 (1/07)	
<b>City &amp; State</b> MIAMI FL		<b>City &amp; State</b> MIAMI FL		<b>4. FEI Number</b> 20-5490310	
<b>Zip</b> 33015		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  PEDRERA, MICHEL 7100 BISCAYNE BOULEVARD SUITE 300 MIAMI, FL 33138			<b>7. Name and Address of New Registered Agent</b> Name: ADDRESS ONLY Street Address (P.O. Box Number is Not Acceptable): 19141 NW 57 CT City: MIAMI FL Zip Code: 33015		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)    DATE:					
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEDRERA, MICHEL 5605 NW 7TH STREET - APT. A-115 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	19141 NW 57 CT MIAMI FL 33015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100129591761 05/15/08--01004--022    **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BS/15/08 REINSTATE 07-08	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #