

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000068242

FILED
Jan 10, 2009
Secretary of State

Entity Name: MOUNTAIN VIEW SERVICES, INC.

Current Principal Place of Business:

513 TRUETT DRIVE
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

2910 KERRY FOREST PARKWAY
A7
TALLAHASSEE, FL 32312 US

Current Mailing Address:

513 TRUETT DRIVE
TALLAHASSEE, FL 32303 US

New Mailing Address:

3226 BROAD MAGNOLIA COURT
BATON ROUGE, LA 70810 US

FEI Number: 56-2665049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEVINE, ALAN
513 TRUETT DRIVE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ALAN LEVINE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: LEVINE, ALAN
Address: 513 TRUETT DRIVE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: LEVINE, LAURA
Address: 513 TRUETT DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

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.

SIGNATURE: ALAN LEVINE

PST

01/10/2009

Electronic Signature of Signing Officer or Director

Date