

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 15 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000058348

1. Corporation Name

White Mountain Exclusive Retreat, Inc.

1800 NE 114 Street
1800 NE 114 Street

2. Principal Office Address
1800 NE 114 Street

3. Mailing Office Address
1800 NE 114 Street

Suite, Apt. #, etc.
Suite 803

Suite, Apt. #, etc.
Suite 803

City & State
Miami, Florida

City & State
Miami, Florida

Zip Country
33181 USA

Zip Country
33181 USA

**4. Date Incorporated or Qualified
To Do Business in Florida** June 30, 1998

5. FEI Number
84-0572036

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
Eugenia Karolyi

Street Address (P.O. Box Number is Not Acceptable)
1800 NE 114 Street

Suite, Apt. #, Etc.
Suite 803

City
Miami

State Zip Code
FL 33181

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 10/12/04

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
D/P/S	Angel Popcev	105 Edwards Village Blvd Suite C 210	Edwards CO 81632

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Angel Popcev, Pres. 09/24/04

970 926 1100

REINSTATEMENT 00-04

CR2E081 (01/04)