

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

FILED

00 JUN -1 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000081963**

1. Corporation Name

Mountain Enterprises, Inc

2. Principal Office Address

4538 Seattle St

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Cocoa FL

City & State

Zip

32927

Country

USA

Zip

Country

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

5. FEI Number

59-3542029

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

05/07/99 90029 034 #150

7. Name and Address of Current Registered Agent

Name

DAVID HARNESS

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

4538 Seattle St

Suite, Apt. #, Etc.

City

Cocoa, FL 32927

State
FL

Zip Code

888003296520-4

-06/20/00--01024--018

******150.00 ****150.00**

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

David Harness

REGISTERED AGENT MUST SIGN

Date **5-25-2000**

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
DIP P/S	DAVID HARNESS	4538 SEATTLE ST	Cocoa, FL 32927
			SP

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

David Harness

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-2000

Date

Daytime Phone #

CR2E081 (9/99)

ACCURATE ACCOUNTING OF TITUSVILLE, INC.
3435 South Hopkins Avenue #3
Titusville, Florida 32780
(407) 267-1449

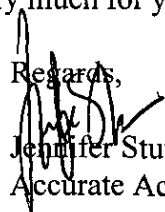
May 25, 2000

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Enclosed please find corporate paperwork along with check returned with your paperwork and correspondence. Pursuant to our conversation of May 25 I am requesting that this corporation be brought to a current status. As you will note there was an address change back in 1999 and the original paperwork never reached Mr. Harness. Therefore, we are respectfully requesting that this corporation be reinstated.

Thank you very much for your consideration in this matter.

Regards,


Jennifer Stutts
Accurate Accounting