

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 JAN 14 PM 4:00

DOCUMENT # P99000005403

1. Corporation Name

CAROLINA MOUNTAIN GREENS, INC.

Principal Place of Business  
1639 SPRING GARDEN AVE.  
DELAND FL 32720

Mailing Address  
1639 SPRING GARDEN AVE.  
DELAND FL 32720



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/19/1999	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3558337	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MANCINIK, MICHAEL J	940 WEST NEW YORK AVE.	DELAND FL 32720
D	MANCINIK, LINDA E	940 WEST NEW YORK AVE.	DELAND FL 32720
D	GARDNER, CHRISTOPHER D	450 SOUTH STREET 3625 MARSH ROAD	DELEON SPRINGS FL 32130 DELAND FL 32724
D	GARDNER, JASON M	450 SOUTH STREET 940 WEST NEW YORK AVE	DELEON SPRINGS FL 32130 DELAND FL 32720
			200004785202--3
			-01/19/02--01072--003
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARDNER, JASON M  
1639 SPRING GARDEN AVE.  
DELAND FL 32720

Name  
MIKE MANCINIK  
Street Address (P.O. Box Number is Not Acceptable)  
940 WEST NEW YORK AVE  
Suite, Apt. #, Etc.  
City  
DELAND  
State  
FL  
Zip Code  
32720

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Michael J. Mancinik*  
REGISTERED AGENT MUST SIGN

Date

1-09-02

11. 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)(l), 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 #

1-09-02

(386) 734-5985

CR2E040 (8/01)