1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL -8 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700038851117
07/08/04--01004--012 **150.00

700038851117
07/08/04--01004--011 **150.00

REINSTATEMENT 03-04

DOCUMENT # P01000042437

1. Corporation Name

MO Enterprises, INC.

2. Principal Office Address	**3.** Mailing Office Address
9937 N.W 57th Manor	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs	City & State
Zip: Fl / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-1092539 ☐ 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: Ruth Liverpool

Street Address (P.O. Box Number is Not Acceptable): 4974 N . UNIVERSITY DR.

Suite, Apt. #, Etc.: # 166

City: Tamarac | State: FL | Zip Code: 33321

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: Ruth Liverpool — Date: 4-30-04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P	Maureen L Jarrett	9937 N.W 57TH Manor	Coral Springs , FL ,33076

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: Maureen L Jarrett — 4-30-04 — (954)746-5011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Lass Accounting & Business Services, Inc.
4974 N. University Dr.
Lauderhill, FL, 33351
PH (954)746-5011, FAX (954)746-7996

June 10, 2004

RE: MoEnterprises, Inc.

To Whom It May Concern:

Please note that some time ago my client received a letter stating that the above corporation was dissolved. Please note that they never received a renewal form for the above corporation and had no Knowledge of how to go about renewing the following corporation.

We are asking that you take this into consideration and reinstate back my client's corporation and in doing so waive my client late and penalty fee. Enclosed you will find a check for $ 300.00 and the reinstatement form. Thank you for your consideration on this matter.

Respectfully,

Pope

Colleen Pope
Accounting Associate