

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -7 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000022128

1. Corporation Name

A. MARSHALL MOFFAT INC

2. Principal Office Address
169 E FLAGLER ST

Suite, Apt. #, etc.
1534

City & State
MIAMI, FL

Zip
33131

Country
US

3. Mailing Office Address
169 E FLAGLER ST

Suite, Apt. #, etc.
1534

City & State
MIAMI, FL.

Zip
33131

Country
US

REINSTATEMENT

03-04
MRD

**4. Date Incorporated or Qualified
To Do Business in Florida** 02/26/2002

5. FEI Number
01-0647149

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
MARIANO A DE LA PUENTE

Street Address (P.O. Box Number is Not Acceptable)
169 E FLAGLER ST

Suite, Apt. #, Etc.
1534

City
MIAMI

000035787130

05/07/04--01095--029 **90.00

State
FL

Zip Code
33131

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

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
PSD	MARIANO DE LA PUENTE	169 E FLAGLER ST STE 1534	MIAMI/FL/33131

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 #

CR2E081 (01/04)