


2005 FOR PROFIT CORPORATION REINSTATEMENT

1052

DOCUMENT # P02000064197 1. Entity Name MOORE - MIGGINS INTERNATIONAL, INC.	
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Principal Place of Business 3301 SPANISH MOSS TERRACE, 603 LAUDERHILL, FL 33319	Mailing Address 3301 SPANISH MOSS TERRACE, 603 LAUDERHILL, FL 33319
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent LIVERPOOL, RUTH <i>64974 N. University Dr LAUDERHILL FL, 33351</i>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Ruth Liverpool* DATE: **6-9-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete MOORE-MIGGINS, DEBORAH 3301 SPANISH MOSS TERRACE, 603 LAUDERHILL, FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: large;"> 400056392534 06/21/05--01035--006 **300.00 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deborah Moore Miggins* DATE: **6-9-05**

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

05 JUN 21 AM 8:12
STATE OF FLORIDA



REINSTATEMENT 04-05

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ACCOUNTING & BUSINESS SERVICES, INC.

4974 North University Drive • Sunrise, FL • 33351

June 9th, 2005

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

Re: **MOORE-MIGGINS INTERNATIONAL, INC.**

DN: **P02000064197**

To Whom It May Concern:

Please note while trying to open a bank account, it was brought to our attention that the above corporation was dissolved, please be aware that we never received a renewal from for this corporation. Enclosed you will find a check to bring the corporation status active. Thank you for your corporation and consideration.

Yours truly,

Nadine Power
Office Administrator

Ruth Liverpool, *President*

Phone: 954-746-5011 • Fax 954-746-7996

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