

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

09 OCT 13 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/09/09-01023-013
CR2E081 (12/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000061041

1. Corporation Name

Moonlighting Investigations & Recovery, Inc.

2. Principal Office Address - No P.O. Box #

16651 SW 205th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

16651 SW 205th Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33187

Country

Zip

33187

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/2005

5. FEI Number
20-2725913

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

SPIEGEL & UTRERA, P.A.

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

1840 SW 22nd Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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.

Spiegel & Utrera, P.A.

Signature of

Registered Agent By:

Natalia Utrera, Vice-President REGISTERED AGENT MUST SIGN

Date 10/12/2009

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 |
|--------|-----------------------------------|--|--------------------|
| PSTD | Enrique Develasco | 16651 SW 205th Avenue | Miami, FL 33187 |
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REINSTATEMENT

2010101666087
10/09/09--01023--013 **\$800.00

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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 contained in Chapter 119, 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: *Enrique Develasco*

Enrique Develasco, President

10/12/2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #