

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC -3 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V 69834

1. Corporation Name

MOMACA, INC.

REINSTATEMENT 93-03

2. Principal Office Address
c/o A.F. Alentado & Assoc
1149 SW 27 Ave,

3. Mailing Office Address
Same

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

City & State

Miami, Fl.

City & State

Zip

33135

Country

Miami-Dade

Zip

Country

800025171288

2/03/03--01004--021 **2250.00

4. Date Incorporated or Qualified
To Do Business in Florida

9/30/1993.

5. FEI Number

65-0389723

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

Antonio F. Alentado

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

1149 SW 27th Avenue

Suite, Apt. #, Etc.

Suite 203

City

Miami

State
FL

Zip Code

33135

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 11-25-03

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Palacio, Enrique	c/o: 1149 SW 27th Ave., Ste. 203	Miami, Fl. 33135
D	Palacio, Carlos	c/o: 1149 SW 27th Ave., Ste. 203	Miami, Fl. 33135
D	Palacio, Carlos E. Jr.	c/o: 1149 SW 27th Ave., Ste. 203	Miami, Fl. 33135

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

11/25/03

Date

Daytime Phone #

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