

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 23 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 591618

1. Corporation Name

Moonwalk Enterprises, Inc.

500163920655
12/23/09--01034--012 **458.75

REINSTATEMENT
CR2E081 (11/09)

02-09

2. Principal Office Address - No P.O. Box # 2008 E. Waters Ave Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 290007 Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33604	Country USA	Zip 33607	Country Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida 9/10/87	Applied For <input type="checkbox"/> Not Applicable
5. FEI Number 59-2841396	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent			
Name Farooq Bhadelia			
Street Address (P.O. Box Number is Not Acceptable) 2008 E. Waters Ave			
Suite, Apt. #, Etc.			
City Tampa	State FL	Zip Code 33604	

☒ 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.	
Signature of Registered Agent 	Date 12/07/09
REGISTERED AGENT MUST SIGN	

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
PTSD	Farooq Bhadelia	2008 E. Waters Ave	Tampa, FL 33604

10. E-mail Address:
(To be used for future annual report notification)

11. 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. I further certify, 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:	12/07/09 8133913923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date	Daytime Phone #