

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2019 SEP 11 AM 10:42

DOCUMENT # 207000005784

1. Limited Liability Company's Name

Moore Investments, LLC

300334424939
09/11/19--01010--026 **238.75

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

2665 Adamson Rd
Suite, Apt. #, etc.

3. Mailing Office Address

2665 Adamson Rd
Suite, Apt. #, etc.

City & State

Cocoa, FL

City & State

Cocoa, FL

Zip

32926

Country

USA

Zip

32926

Country

USA

8. Name and Address of Current Registered Agent

Name

Sarah Joseph

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

1165 Sangria Circle

Apt. #, Etc.

City

Rockledge,

State

FL

Zip Code

32955

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Sarah Joseph

REGISTERED AGENT MUST SIGN

Date 09/03/2019

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mgr	JACK MOORE	2665 Adamson Rd	Cocoa, FL 32926
RA	Sarah Joseph	1165 Sangria Circle	Rockledge, FL 32955

11. E-mail Address

Joseph, Sarah 1949@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Jack Moore Date 09/03/2019 Daytime Phone # 321-557-0609

Typed or printed name of signing authorized representative/member

JACK MOORE