

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 13 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500162842475
11/16/09--01006--018 **282.50
CR2E041 (10/09)

DOCUMENT #

1. Limited Liability Company's Name

MOONVIEW, LLC

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

7685 N.W. 80th Terrace

3. Mailing Office Address

7685 NW 80th Terrace

4. State/Country of Formation

FLA/USA

5. Date Organized or Qualified
To Do Business in Florida

2/2/2007

6. FEI Number

26-0857850

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee
required for a
Certificate of Status

8. Name and Address of Current Registered Agent

Name

Michael Woodbury, Esq.

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

9130 S. Dadeland Blvd.

Suite, Apt. #, Etc.

PH 1A

City

Miami

State

FL

Zip Code

33156

☒ A \$100 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 \$100 reinstatement fee be
waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date *11/9/09*

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
<i>MEM</i>	<i>GWQ</i>	<i>13615 S. Dixie Highway #372</i>	<i>Miami, FL 33176</i>

REINSTATEMENT

11. E-mail Address: *moKint@bellsouth.net*

(To be used for future annual report notifications)

12. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided in Chapter 608, 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 requirements of section 608.406, 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.

Signature of
Managing Member/Manager

Date

11/9/2009

Daytime Phone #

305-992-4403

Typed or printed name of signing Managing Member/Manager