## 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L28306

Entity Name: NEW MOON MANAGEMENT GROUP, INC.

FILED Dec 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

529 WHITEHEAD STREET 402 APPELROUTH LANE KEY WEST, FL 33040 US KEY WEST, FL 33040 US

Current Mailing Address: New Mailing Address:

529 WHITEHEAD STREET 402 APPELROUTH LANE KEY WEST, FL 33040 US KEY WEST, FL 33040 US

FEI Number: 65-0159831 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROWNING, MICHAEL L ESQ
529 WHITEHEAD STREET
KEY WEST, FL 33040 US
BROWNING, MICHAEL L ESQ
402 APPELROUTH LANE
KEY WEST, FL 33040 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL L BROWNING 12/22/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition SIRECI JR, THOMAS J SIRECI JR, THOMAS J Name: Name: 529 WHITEHEAD STREET 402 APPELROUTH LANE Address: Address: KEY WEST, FL 33040 City-St-Zip: City-St-Zip: KEY WEST, FL 33040

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition

 Name:
 BROWNING, MICHAEL L
 Name:
 BROWNING, MICHAEL L

 Address:
 529 WHITEHEAD STREET
 Address:
 402 APPELROUTH LANE

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL L BROWNING P/D 12/22/2009