

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L99000003422
Name and Mailing Address

0009B10 01 FP 0.352 **PRSRT H4 0 0615 32955-290011
MOORE ENTERPRISES WORLDWIDE, LLC
1011 ROCKLEDGE DRIVE
ROCKLEDGE FL 32955-2900

02 OCT 29 AM 9:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

600008659846
10/29/02--01054--001 **15:00



1029 2002

2. New Mailing Address

City, State, Zip

Principal Place of Business

1011 ROCKLEDGE DRIVE
ROCKLEDGE FL 32955

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

06/11/1999

6. FEI Number

59-3581177

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

KENDALL MOORE
429 COBBLEWOOD DRIVE
ROCKLEDGE FL 32955

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

REGISTERED AGENT MUST SIGN

Date

10/23/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MOORE, KENDALL	429 COBBLEWOOD DRIVE	ROCKLEDGE FL 32955
MGR	MOORE, KELLEY	429 COBBLEWOOD DRIVE	ROCKLEDGE FL 32955
MGR	MOORE, KENNETH T	928 LEVITT PARKWAY	ROCKLEDGE FL 32955
MGR	MOORE, BARBARA C	928 LEVITT PARKWAY	ROCKLEDGE FL 32955

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for 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

Daytime Phone #

321-631-3737

Typed or printed name of signing Managing Member/Manager

Kendall Moore

CR2E084 (8/02)