


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M77573

1. Corporation Name

MOOYVEST, INC.
245 SE 1st Street
Suite 400D
Miami, Fl. 33131

2. Principal Office Address

245 SE 1st Street

Suite, Apt. #, etc.

400-D

City & State

Miami, Fl.

Zip
33131

Country
US

3. Mailing Office Address

245 SE 1st Street

Suite, Apt. #, etc.

400-D

City & State

Miami, Fl.

Zip
33131

Country
US

REINSTATEMENT 96-00

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/1988

5. FEI Number

59-2615214

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Guillermo A Borja Ferguson

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

245 SE 1st Street

Suite, Apt. #, Etc.

400-D

City

Miami,

State
FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date

11/20/2000

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
D	Guillermo Borja Nathan	245 SE 1st Street Ste 400D	Miami, Fl.
D	Gloria Ferguson De Borja	245 SE 1st Street Ste 400D	Miami, Fl.
D	Guillermo A Borja Ferguson	245 SE 1st Street Ste 400D	Miami, Fl.
D	Gerardo I Borja Ferguson	245 SE 1st Street Ste 400D	Miami, Fl.

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

(305) 375-8494

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/2000

Date

Daytime Phone #

(305) 632-8250

CR2E081 (9/99)