PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

N02000005030 DOCUMENT #

1. Corporation Name

SANTANA MOSS FOUNDATION, INC.

Principal Place of Business

Mailing Address

17815 NW 29TH CT **CAROL CITY FL 33056-3513**

17815 NW 29TH-CT CAROL CITY FL 33056-3513

Tier

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA



•				JEMO MICHERI			
If above addresses are incorrect in any way, line the						CHILD B	
2. New Principal Office Address, If Applicable 2140 W - 62 ST.	ing Office Address, If Applicable W 62 ST.		4. Date Incorporated or Qualified To Do Business in Florida 07/02/2002				
Suite, Apt. #, etc.	Suite, Apt. #,	, etc		5. FEI Numbe			
	50.00					Appi	ied For
		EAH FL		82-0577147			Applicable
Zip 330-1-6 Country USA	Zip 3301	6 Country	USA-	CERTIFICATI	E OF STATUS DESIRED L	\$5.75 Additional F for a Certificate	of Status
7. Names and Street Addresses of Each Officer and	d/or Director (Flo	orida nonprofit corpora	tions must list at l	east 3 directors)			
Title(s) Name of Officers and/or Directors	and/or Directors		eet Address of Ea icer and/or Direct		City / State / Zip		
MOSS, SANTANA T		7262	7262 5.W 123 PLACE			FL 33	183
S MOSS, NATALLE	E. E	18619 =	W 50 C	COURT	MIRAMAN	e, FL_33	029
T. MOSS, LIOYD B	.	18619 =	5W 50 C	OURT	MIRAMA	IR, FL 3.	3029
				50 01/22/	0027442 /0401074003	045 **236,25	
				50 02/09/	0027442 0401056005	045 **61.25	•
8. Name and Address of Curren	Name and Address of New Registered Agent						
MOCC CANTANA T			Santana T. Moss				
MOSS, SANTANA T 17815 NW 29TH CT-			Street Address (P.O. Box Number is Not Acceptable) 7262500. 123 Place				
- CAROL CITY FL 93056-3513=			-Suite, Apt, #,-E				

Zip Code 33183 State

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Ager

REGISTERED AGENT MUST SIGN

11. 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 filling 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR