

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000005662

FILED  
Nov 23, 2009  
Secretary of State

**Entity Name:** EMILY C. MOISES FOUNDATION CORP

**Current Principal Place of Business:**

5643 NW 36 ST  
MIAMI SPRINGS, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

5643 NW 36 ST  
MIAMI SPRINGS, FL 33166

**New Mailing Address:**

**FEI Number:** 26-2791687      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

JAVIER BANOS, ESQ P.A.  
3400 CORAL WAY, SUITE 601  
MIAMI, FL 33145 US

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

JAVIER BANOS, ESQ P.A.  
3126 CORAL WAY  
MIAMI, FL 33145 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: JAVIER BANOS

11/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DCHT ( ) Delete  
Name: MOISES, ALBERTO A  
Address: 5643 NW 36 ST.  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: DVCH ( ) Delete  
Name: MOISES, NIEVES I  
Address: 5643 NW 36 ST.  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D ( ) Delete  
Name: MOISES, ALBERTO E  
Address: 5643 NW 36 ST.  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: DS ( ) Delete  
Name: MOISES, FRANCISCO  
Address: 5643 NW 36 ST.  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D ( ) Delete  
Name: MOISES, LOGAN  
Address: 5643 NW 36 ST.  
City-St-Zip: MIAMI SPRINGS, FL 33166

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO MOISES

P

11/23/2009

Electronic Signature of Signing Officer or Director

Date