

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000010011

1. Corporation Name

MOSKOWITZ, INC.,

2. Principal Office Address

9638 STONES RIVER PARKWAY P.O. BOX 971381

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.,

City & State

BOCA RATON, FL.,

Zip

33428

Country

PALM BEACH

Zip

33497

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

1/26/2000

5. FEI Number

52-8213015

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

STEVEN MOSKOWITZ

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

9638 STONES RIVER PARKWAY

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33428

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

Steven Moskowitz
REGISTERED AGENT MUST SIGN

Date

2/6/2004

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
P/NP	HELISSA MOSKOWITZ	9638 STONES RIVER PKWAY	BOCA RATON, FL., 33428
T/O	STEVEN MOSKOWITZ	9638 STONES RIVER PKWAY	BOCA RATON, FL., 33428

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)(f), 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:

Steven Moskowitz

STEVEN MOSKOWITZ

Date

2/6/2004

Daytime Phone #

561-929-3492

561-929-3184

561-477-7377

CR2E081 (01/04)