

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

FILED

02 NOV 12 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000017905

1. Corporation Name

REX MOON DESIGNS, INC.

Principal Place of Business

1059 PALM COVE DRIVE  
ORLANDO FL 32835

Mailing Address

1059 PALM COVE DRIVE  
ORLANDO FL 32835



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/15/2000

5. FEI Number

59-3634744.

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MOON, RAYMOND REX	1059 PALM COVE DRIVE	ORLANDO FL 32835

7000008938947  
11/12/02--01093--023 \*\*150.00

8. Name and Address of Current Registered Agent

HABER, LAWRENCE H  
111 N. ORANGE AVENUE  
SUITE 1200  
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

Rex MOON

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

1059 PALM COVE DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32835

CR2E040 (8/02)

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 Agent

*Rex Moon*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date Nov 5 02

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 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:

*Rex Moon*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nov 05 02 407 402  
8899

Nov 5, 2001

Division Of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

RE: Rex Moon Designs Inc. Corporate reinstatement request.

My Corporation did not receive the two prior uniform business report (UBR) notices and I am requesting that the reinstatement fee be waived. I am enclosing the application for reinstatement along with a check for \$150.00 in order to file the report without penalty. If you have any questions and would like to contact me please feel free to call or write me at the address below.

Thank you,

A handwritten signature in cursive script, appearing to read 'Rex Moon', written in dark ink.

Rex Moon  
President

Rex Moon Designs Inc.  
1059 Palm Cove Drive  
Orlando Florida 32835

(407) 402-8100