

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P00000040245**

1. Corporation Name

CELULAR MOON, INC.

Principal Place of Business

Mailing Address

**8399 N.W. 66 STREET
MIAMI FL**

**8399 N.W. 66 STREET
MIAMI FL**

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

2. New Principal Office Address, If Applicable

8201 NW 68 STREET

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

8201 NW 68 STREET

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip
33166

Country
USA

City & State
MIAMI, FLORIDA

Zip
33166

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/21/2000

5. FEI Number

65-100-3902

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ANAYA, NELSON	8310 N.W. 7 ST., #53	MIAMI FL
D	ARTEAGA, ANDRES	181 N.W. 97 AVE., #414	MIAMI FL 33172

**200004669102--B
-11/06/01--01059--013
****750.00 ****750.00**

8. Name and Address of Current Registered Agent

**ARTEAGA, ANDRES
181 N.W. 97 AVE., #414
MIAMI FL 33172**

9. Name and Address of New Registered Agent

Name
NELSON ANAYA
Street Address (P.O. Box Number is Not Acceptable)
5590 NW 113 PLACE
Suite, Apt. #, Etc.
City
MIAMI
State
FL
Zip Code
33172

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/17/2001

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)(l), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/2001

Daytime Phone #

CR20040 (8/01)