

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
RECEIVED

02 MAR 22 PM 1:52

DOCUMENT # P00000068186

1. Corporation Name

M. O. 2. ENTERTAINMENT COMPANY

2. Principal Office Address

3275 NW 9th COURT

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33127

Country

3. Mailing Office Address

3275 NW 9th COURT

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33127

Country

4. Date Incorporated or Qualified
To Do Business in Florida

July 17, 2000

5. FEI Number

65-1025327

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

FRANCK, HERVE

100005205171-0

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

3275 NW 9th COURT

04/08/02 01055-007

****300.00 ****300.00

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33127

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

REGISTERED AGENT MUST SIGN

Date

3/12/02

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
①	Franck, Herve	3275 NW 9 th COURT	Miami, FL 33127

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herve Franck 3/12/02

Date

Daytime Phone #

CR2E081 (9/01)

March 13, 2002

Dear Sir/ Madame

My name is Herve Franck, and I am the owner M.O.Z. Entertainment Company. I am writing to inform you that I never received my uniform business report for the year 2001. I was told by one of the representatives to mail-\$300.00 for my company's reinstatement.-I am-mailing-a money-order for that amount to reinstate M.O.Z. Entertainment Company.

Thank you



Herve Franck
M.O.Z. Entertainment Company