

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT - 2 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000012727

1. Corporation Name

MOGABIER INC

2. Principal Office Address - No P.O. Box #

1710 S.W. 27TH AVE

Suite, Apt. #, etc.

101

City & State

MIAMI, FL

Zip

33145

Country

DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

100161281581
10/02/09--01041--012 **750.00

CR2E081 (12/08)

REINSTATEMENT 05-09

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/01

5. FEI Number

05-1111009

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

MARTHA DEL MONTE

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

919 PLACETAS

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33146

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Martha Del Monte

Date 09/10/09

REGISTERED AGENT MUST SIGN

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	MARTHA DEL MONTE	919 PLACETAS	CORAL GABLES, FL 33146

20.10/7

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 contained in Chapter 119, 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:

Martha Del Monte

MARTHA DEL MONTE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/10/09

Date

305-609-6630

Daytime Phone #