

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000012727

**Entity Name:** MOGABIER, INC.

**FILED**  
**Oct 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1710 SW 27TH AVE  
101  
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

1710 SW 27TH AVE  
101  
MIAMI, FL 33145

**New Mailing Address:**

**FEI Number:** 65-1111609

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEL MONTE, MARTHA  
919 PLACETAS  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** MARTHA DEL MONTE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DEL MONTE, MARTHA  
**Address:** 919 PLACETAS  
**City-St-Zip:** CORAL GABLES, FL 33146

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MARTHA DEL MONTE

P

10/22/2010

Electronic Signature of Signing Officer or Director

Date