

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JUN 19 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000032344

1. Corporation Name

Moreno Inc.

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

7621 Hague Dr.

3. Mailing Office Address

7621 Hague Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL

Zip

33015

County

MIAMI

Zip

33015

County

MIAMI

08-12

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

651091811

☐ 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

Ramon Moreno Jr.

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

7621 Hague Dr.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33015

500236562215
06/19/12--01024--018 **1350.00

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

Ramon Moreno Jr.

Date 6-12-2012

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
DP	<u>Ramon Moreno Jr.</u>	<u>7621 Hague Dr.</u>	<u>MIAMI, FL. 33015</u>
DS	<u>MAURA MUNOZ</u>	<u>7621 Hague Dr.</u>	<u>MIAMI, FL. 33015</u>
DT	<u>Ramon Moreno Jr.</u>	<u>7621 Hague Dr.</u>	<u>MIAMI, FL. 33015</u>

JUN 19 2012

S. PRATHER

10. E-mail Address: maura7621@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Ramon Moreno Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/12/2012

Daytime Phone #