

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P01000074156**

1. Entity Name  
**MOULIS & ASSOCIATES, P.A.**



**FILED**  
**04 NOV 29 AM 9:20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



10262004 REIN-P CR2E098 (6/04)

Principal Place of Business  
**1100 LEE WAGENER BLVD, STE 205  
FT LAUDERDALE, FL 33315**

Mailing Address  
**1100 LEE WAGENER BLVD, STE 205  
FT LAUDERDALE, FL 33315**

2. Principal Place of Business  
**1100 Lee Wagener Blvd.**

3. Mailing Address  
**1100 Lee Wagener Blvd.**

4. FEI Number  
**65-1095365**

City & State  
**Port Lauderdale, FL**

City & State  
**Port Lauderdale, FL**

Zip  
**33315**

Country  
**USA**

Zip  
**33315**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For  
☐ Not Applicable

6. Name and Address of Current Registered Agent

**MOULIS, MICHAEL A  
1100 LEE WAGENER BLVD, STE 205  
FT LAUDERDALE, FL 33315**

7. Name and Address of New Registered Agent

Name  
**Michael A. Moulis**

Street Address (P.O. Box Number is Not Acceptable)  
**1100 Lee Wagener Blvd.**

Suite  
**320**

City  
**Port Lauderdale**

FL

Zip Code  
**33315**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **[Signature]** DATE **11/23/04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOULIS, MICHAEL A 1100 LEE WAGENER BLVD, STE 205 FT LAUDERDALE, FL 33315 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael A. Moulis 1100 Lee Wagener Blvd. Suite 320 Port Lauderdale, FL 33315 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700043044507 11/29/04--01063--023 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** DATE **11/23/04** 934-359-3172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR