

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000098243

1. Entity Name  
MOFFIS-LAAW INTERNATIONAL, INC.



REINSTATEMENT 05

Principal Place of Business  
1710 SW 97TH TERR  
MIRAMAR, FL 33025

Mailing Address  
P O BOX 680878  
MIAMI, FL 33168

T. Roberts NOV 29 2005



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10122005

REIN-P

CR2E098 (6/04)

4. FEI Number  
26-0000569

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FOLORUNSHO, MUFUTAU M  
1911 SW 97TH TERR  
MIRAMAR, FL 33025

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00  
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE PCEO  
NAME FOLORUNSHO, MUFUTAU M ☐ Delete  
STREET ADDRESS 1911 SW 97TH TERR  
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
NOV 28 AM 10:22  
TALLAHASSEE, FLORIDA

400061731794  
11/28/05--01059--022 \*\*150.00

11/19/05

PS 2 of 2

Florida Department Of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Moffis-Laaw International Inc.  
1710 S.W. 97 TERR  
Miramar, Fl.33025  
11-20-2005

Sir/maa

Re waver of Reinstatement penalty Fee

I am writing to request to wave the reinstatement penalty fee. I was unable to file for my Company annual report because of the following reasons.

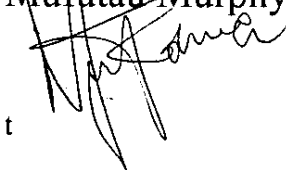
I did not receive any report form or reminder post card.

No reminder letter was received from the division of corporations.

Please accept my \$150.00 annual report Fee and reinstate my Corporation.

Thank you for your help.

Yours truly,  
Mufutau Murphy Folorunsho.



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