

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

04 JAN -2 AM 11:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000121971**

1. Corporation Name

WAXING MOON ENTERPRISES INC.

Principal Place of Business

Mailing Address

1240 SNOWBIRD AVE. NW
 PALM BAY FL 32907

1240 SNOWBIRD AVE. NW
 PALM BAY FL 32907

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 03

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/01/2002	
City & State		City & State		5. FEI Number	
Zip		Country		30-0083361	
				Applied For	
				Not Applicable	
				6. <input checked="" type="checkbox"/> CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	Rita McKeown	1240 Snowbird Ave NW Florida 32907	Palm Bay, Florida 32907
SE	Rita McKeown	1240 Snowbird Ave NW Florida 32907	Palm Bay FL 32907

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCKEOWN, RITA
 1240 SNOWBIRD AVE. NW
 PALM BAY FL 32907

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Rita McKeown Date: December 24, 2003
 REGISTERED AGENT MUST SIGN

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., 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 under section 119.07(3)(i), 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: Rita McKeown (Rita McKeown) Date: 12-24-03 Daytime Phone #: 321 951-1959
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)

12-24-03

R. McKeown, did not receive the UBR^s
for 2003. Please waive the fee.

Pat McKeown