

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000043117

1. Corporation Name

Cesar Mora, Inc.

2. Principal Office Address

444 Vermont Street

Suite, Apt. #, etc.

City & State

Green Cove Springs

Zip
30243

Country
US

3. Mailing Office Address

PO Box 8039

Suite, Apt. #, etc.

City & State

Fleming Island

Zip
32006

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/2002

5. FEI Number

04-3648154

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
Melba Mora

Street Address (P.O. Box Number is Not Acceptable)
1888 Suwannee River Drive

Suite, Apt. #, Etc.

City
Orange Park

State
FL

Zip Code
32073

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

REGISTERED AGENT MUST SIGN

Date 10/12/2006

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
P	Cesar Mora	1888 Suwannee River Dr	Orange Park, FL 32073
v	Tamara Mora	1211 Green Cove Avenue	Green Cove Springs, FL 32043
S	Melba Mora	1888 Suwannee River Dr	Orange Park, FL 32073

10. 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 contained in Chapter 119, 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:

Melba Mora

Melba Mora

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/2006

Date

904-545-1194

Daytime Phone #

FILED

06 OCT 16 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

05-06

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