


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAR 11 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 002000052004  
1. Corporation Name *Moonlite Moving & Transportation, Inc.*

2. Principal Office Address  
*555 S. Luna ct. #214*

Suite, Apt. #, etc. *214*

City & State  
*Hollywood, FL*

Zip *33021* Country *USA*

3. Mailing Office Address  
*P.O. BOX 22984*

Suite, Apt. #, etc.

City & State  
*Ft. Lauderdale, FL.*

Zip *33335* Country *USA*

**REINSTATEMENT** *03-04*

4. Date Incorporated or Qualified To Do Business in Florida *05/10/2002*

5. FEI Number *81-0551665*

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *Suleyman Sahin*

Street Address (P.O. Box Number is Not Acceptable) *555 S. Luna ct.*

Suite, Apt. #, Etc. *214*

City *Hollywood* State *FL* Zip Code *33021*

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 *Sahin Suleyman* Date *03/09/2004*

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
<i>P</i>	<i>Suleyman Sahin</i>	<i>555 S. Luna ct. #214</i>	<i>Hollywood, FL. 33021</i>
<i>V</i>	<i>Ayfer Sahin</i>	<i>555 S. Luna ct. #214</i>	<i>Hollywood, FL. 33021</i>

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 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: *Sahin Suleyman* Date *3/9/04* (954) 347-3036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

*lu*

pg 2 of 2

**MOONLITE  
MOVING&TRANSPORTATION,INC  
555 SOUTH LUNA CT. APT# 214  
HOLLYWOOD,FL. 33021  
(954) 347 3036**

March 09, 2004

**VIA CERTIFIED U.S. MAIL#7003 0500 0001 4003 1477**

Department of State Division of Corporations  
P.O. Box 6327  
Tallahassee,FL.32314

**Re:Corporation Reinstatement of Moonlite  
Moving&Transportation,inc.**

To Whom It May Concern:

I suleyman sahin president and registered agent of said inc.'have not received annual report form from State Dept.  
and I have not filed the report.I found out my company has been dissolved by state dept. on sept./19/2003

Due to the lack of my experience i was not aware of that because that was first year of me having company

I deeply apologize for the inconvinience that I caused. If you should need to contact me, kindly contact me at my  
cell phone# 1(954) 347 3036 please advice if I may be of further service.

Enclosed please find my corporation reinstatement form and Bank of America, check# 1110 in the amount of \$ 300.00  
(Three hundred dollar 00/100) representing an corporation reinstatement fee.

I am respectfully requesting that any future correspondence directed by you be mailed to incorporation address.

The address is as follows:

Moonlite Moving& Transportation,Inc.  
555 South Luna Ct. # 214  
HOOLYWOOD,FL. 33021

Very truly yours

By Suleyman Sahin