

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG -8 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000060016

1. Corporation Name

MOONCREST HOTELS, INC.

2. Principal Office Address

345 INDIANA ST

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip 33019

Country

USA

3. Mailing Office Address

345 INDIANA ST

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33019

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5-30-02

5. FEI Number

45-0478886

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 08-05

7. Name and Address of Current Registered Agent

Name

RONALD WALTERS

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

11555 HERON BAY BLVD

Suite, Apt. #, Etc.

SUITE 200

City

CORAL SPRINGS

State

FL

Zip Code

33076

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

Date

8-3-05

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
P	BESSIE EXARHOS	607 LAYNE BLVD	HALLANDALE, FL 33009

200058352912

08/08/05--01071--004 **1050.00

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:

Bessie Exarhos BESSIE EXARHOS

8-03-05

Date

954 966 9696

Daytime Phone #

CR2E081 (01/05)