

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000078783

1. Corporation Name

SHINING MOON GROUP CORP.

2. Principal Office Address - No P.O. Box #

13709 SW 52 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33175

Country

US

3. Mailing Office Address

13709 SW 52 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33175

Country

US

7. Name and Address of Current Registered Agent

Name
LUIS ESPINOZA

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

13709 SW 52 ST

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33175

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 **09/04/2007**

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	LUIS ESPINOZA	13709 SW 52 ST	MIAMI, FL 33175
			900109270128 09/10/07--01041--024 **450.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/04/07

Date

305-992-2021

Daytime Phone #

FILED

07 SEP 10 PM 1:21

STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/2002

5. FEI Number

030473433

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.