

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 14 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000081239**

1. Corporation Name

MOSSCORP CORPORATION

2. Principal Office Address

P.O. BOX 2071

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 2071

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33055

Country

U.S.A.

Zip

33050

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

7/19/02

5. FEI Number

65-1148063

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

MEL L. WILSON, ESQ.

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

110 E. BROWARD BOULEVARD

Suite, Apt. #, Etc.

SUITE 1700

City

FORT LAUDERDALE

State

FL

Zip Code

33301

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

Mel L. Wilson
REGISTERED AGENT MUST SIGN

Date

3/7/05

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	MOSS, LEDLY O (II)	P.O. BOX 2071	MIAMI, FLORIDA 33055
V	MOSS, JULIE S	P.O. BOX 2071	MIAMI, FLORIDA 33055

700050303367
04/11/05--01006--019 **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:

Ledly Moss, II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/24/05

Daytime Phone #

305/301-3569

CR2E081 (01/04)