

Ref # P02000085523

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL -2 AM 10:40

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000085523

1. Corporation Name

Full moon Adventures, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

2796 NE 26th Ave

Suite, Apt. #, etc.

S

City & State

Lighthouse Pt, FL

Zip

33064

Country

US

3. Mailing Office Address

2796 NE 26th Ave

Suite, Apt. #, etc.

S

City & State

Lighthouse Pt, FL

Zip

33064

Country

US

4/24/03 90134 001 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

8/6/02

5. FEI Number

30-0101361

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

Drew Kettelhut

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

2796 NE 26th Avenue

Suite, Apt. #, Etc.

S

City

Lighthouse Pt,

State

FL

Zip Code

33064

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 6/29/04

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
Pres.	Tracey Kettelhut	2796 NE 26 th Ave #S	Lighthouse Pt, FL 33064

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/04

Date

(954)

420-4694

Daytime Phone #

CR2E081 (01/04)



April 19, 2004

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: 30-0101861

To Whom It May Concern:

Please be advised that we did not receive the rejection letter from 2003 that was sent to 2725 NE 27th Street, #4, Lighthouse Point, FL 33064. The Federal ID # for **Full Moon Adventures, Inc.** is **30-0101861**. We respectfully request our corporation to be reinstated and have enclosed a check for 4004 in the amount of \$150.

Sincerely,

Tracey Kettelhut
Tracey Kettelhut
President

PO2-85523