

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -3 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000101421

1. Corporation Name

MOREINIS BROTHERS INC.

REINSTATEMENT 03

Principal Place of Business

Mailing Address

1150 NW 72ND AVE #555  
MIAMI FL 33126

1150 NW 72ND AVE #555  
MIAMI FL 33126



300025189313  
12/03/03--01034--006 \*\*150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

09/18/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

54-2075061

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	MOREINIS, PAUL	16425 COLLINS AVE #2411	SUNNY ISLES FL 33163
DT	MOREINIS, STEVEN	16425 COLLINS AVE #2411	SUNNY ISLES FL 33163
DS	MOREINIS, ROBERTO	16425 COLLINS AVE #2411	SUNNY ISLES FL 33163

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOREINIS, PAUL  
1150 NW 72ND AVE #555  
MIAMI FL 33126

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

11. 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

Date

Daytime Phone #

11/26/03

305-994-7523

CR2E040 (7/03)

**MOREINIS BROTHERS INC.**  
1150 N.W. 72nd Ave. #555  
Miami, Florida, 33126

November 25, 2003

Florida Department of State  
P.O. Box 6327  
Tallahassee, Florida, 32314

Gentlemen:

We were surprised to receive your application for reinstatement of our corporation for the annual report that was due in your office on April 30, 2002.

It appears that your original report never reached our office, otherwise we would have sent our payment on time.

Because of the above, we are asking respectfully that you accept the attached check for \$150.00 and abate the penalties since it appears that this situation was not our fault. Please note that this is the first time we have to send this report to you.

Thank you for your assistance in this matter.

Respectfully,

**MOREINIS BROTHERS INC.**

  
Paul Moreinis  
President