

\$300.00

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 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800048401488
03/15/05--01017--004 **750.00

REINSTATEMENT 04-05

DOCUMENT # P03000064848			
1. Corporation Name MOISES ROBLES, INC.			
2. Principal Office Address 12000 BISCAYNE BLVD Suite, Apt. #, etc. 507		3. Mailing Office Address Suite, Apt. #, etc.	
City & State MIAMI FLORIDA 33181		City & State	
Zip 33181	Country U.S.A.	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 06/11/2003	
5. FEI Number 51-0470559	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) V. CHIARATO CERTIFIED PUBLIC ACCOUNTANT FLORIDA AND NEW YORK STATE 12000 BISCAYNE BLVD., SUITE 507 MIAMI, FL 33181	
Suite, Apt. #, Etc.	City
State FL	Zip Code

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 V. Chiarato	Date MARCH 8, 2005
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
Pres/D	ROBLES, MOISES	12000 BISCAYNE BLVD #507	MIAMI FLORIDA 33181
VP/T	GARCIA, CHRISTYAN	12000 BISCAYNE BLVD #507	MIAMI FLORIDA 33181

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]	PRESIDENT/SECR/DIRECTOR	DATE MARCH 8, 2005	DAYTIME PHONE # (305) 899.5099

FLORIDA DIVISION OF CORP.

PO BOX 6327

TALLAHASSEE, FL 32314

ATTN: MR. SEAN TOWER
REINSTATEMENTS

I do hereby declare under penalty of
perjury, that I have never received
the uniform business report.

March 2, 2005.

FEIN 51.0470559

MOSES ROBLES INC.

12000 BISCAYNE BLVD #507

MIAMI FL 33181

President.

