

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR -7 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P03000074964*

1. Corporation Name

Moh Golf, Inc

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

3989 S.W. 141 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

3989 S.W. 141 AVE

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33330

Country

USA

City & State

Davie, FL

Zip

33330

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/2004

5. FEI Number

61-1458002

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

William Moh

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

3989 S.W. 141st AVE

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33330

☐ 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.

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

William Moh

REGISTERED AGENT MUST SIGN

Date *3/24/08*

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
<i>P</i>	<i>William Moh</i>	<i>3989 S.W. 141st AVE</i>	<i>Davie, FL 33330</i>
<i>VP</i>	<i>Sally Moh</i>	<i>3989 S.W. 141st AVE</i>	<i>Davie, FL 33330</i>
	<i>074/7</i>		

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*04/07/08--01013--002 **150.00*

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:

William Moh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/24/08 954-472-2008

Daytime Phone #