

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P030000093160**

1. Corporation Name

MOONLIGHT INVESTMENT SERVICES, INC.

2. Principal Office Address

8484 FOX WOLF CIRCLE

3. Mailing Office Address

8484 FOX WOLF CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32819

Country

ORANGE

Zip

32819

Country

ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/2003

5. FEI Number

65-0928102

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-05

7. Name and Address of Current Registered Agent

Name

INACIO GERALDO CALTABIANO

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

8484 FOX WOLF CIRCLE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32819

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

REGISTERED AGENT MUST SIGN

Date

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	INACIO,GERALDO CALTABIANO	8484 FOX WOLF CIRCLE	ORLANDO, FL 32819
VP	EMILIA RUSSO	8484 FOX WOLF CIRCLE	ORLANDO, FL 32819

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/2005

Date

Daytime Phone #

CR2E081 (01/05)

March 1, 2005

To Whom It May Concern:

I DID NOT FILED MY ANNUAL REPORT DUE TO THE FACT THAT I NEVER RECEIVED NOTIFICATION VIA MAIL; THUS, THE ADDRESS ON THE CORPORATION IS WRONG, ENCLOSED I'M CORRECTING WITH THE RIGHT ADDRESS. PLEASE, I ASK FOR A WAIVE OF THE PENALTY FOR THIS YEAR.

THANK YOU.

A handwritten signature in black ink, appearing to read 'Gerardo Caltibiano', is written over a horizontal line.

GERARDO CALTIBIANO (PRESIDENT)