

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAY -3 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000007907

1. Corporation Name

MOY INVOICING SERVICES, INC.

W07000018488

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

3640 N STATE RD 7

3. Mailing Office Address

3581 COLLONADE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAUDERDALE LAKES, FL

City & State

WELLINGTON, FL

Zip
33319

Country
USA

Zip
33467

Country
USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/2004

5. FEI Number

☒ 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

ANALOS EXAVIER

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

3581 COLLONADE DRIVE

Suite, Apt. #, Etc.

City
WELLINGTON,

State
FL

Zip Code
33467

☒ 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

Analos Exavier

REGISTERED AGENT MUST SIGN

Date 04/20/2007

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
PD	EXAVIER ANALOS	3581 COLLONADE DRIVE	WELLINGTON, FL 33467

500099126715
04/27/07--01018--033 **450.00

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:

Analos Exavier

04/20/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

pc5/3