2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000073495

Entity Name: MOISE INVESTMENT PROPERTIES, INC.

FILED Oct 17, 2005 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

2024 CABO SAN LUCAS DR., APT. 202 5919 WINCHESTER ISL ORLANDO, FL 32839 VISTA LAKES, FL 32829

Current Mailing Address: New Mailing Address:

2024 CABO SAN LUCAS DR., APT. 202 5919 WINCHESTER ISL ORLANDO, FL 32839 VISTA LAKES, FL 32829

FEI Number: 34-1987670 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAMIEL, RAYMOND E 1400 N. SEMORAN BLVD., STE. C ORLANDO, FL 32807 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RAYMOND E HAMIEL

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CST () Delete Title: CST (X) Change () Addition

 Name:
 MOISE, WILKY
 Name:
 MOISE, WILKY

 Address:
 2024 CABO SAN LUCAS DR., APT. 202
 Address:
 WINCHESTER ISL

 City-St-Zip:
 ORLANDO, FL 32839
 City-St-Zip:
 VISTA LAKES, FL 32829

Title: P () Delete Title: () Change () Addition

 Name:
 FLEURIMOND, HERMANA P
 Name:

 Address:
 1210 DEMOISELLE ST.
 Address:

 City-St-Zip:
 GROVELAND, FL 34736
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERMANA P FLEURIMOND PRES 10/17/2005