

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC 28 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000074491

1. Corporation Name

MOE Transportation INC.

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

1150 Wilshire Circle W.

Suite, Apt. #, etc.

3. Mailing Office Address

1150 Wilshire Cir. West

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

Zip

33027

Country

Broward

Zip

33027

Country

Broward

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

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

George Howard

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

1150 Wilshire Cir. West

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33027

☒ 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

George W. Howard
REGISTERED AGENT MUST SIGN

Date 12/26/07

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 |
|------------|--------------------------------------|---|--------------------------------|
| <u>CEO</u> | <u>President John Delatose</u> | <u>12912 Edgehill Dr.</u> | <u>Houston TX 77049</u> |
| <u>VP</u> | <u>George Howard</u> | <u>1150 Wilshire Cir West</u> | <u>Pembroke Pines FL 33027</u> |
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REINSTATEMENT
2005-07

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:

George W. Howard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/07

Date

Daytime Phone #