

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 14 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OS REI -

CR2E081 (8/05)

DOCUMENT # P-04000093657

1. Corporation Name
MOC, ROVEDA & ASSOCIATES INSURANCE AND
FINANCIAL SERVICE, INC.

2. Principal Office Address
5805 Blue Lagoon DR.

3. Mailing Office Address

Suite, Apt. #, etc.
#460

Suite, Apt. #, etc.

City & State
Miami FL

City & State

Zip
33126

Country
Dade

Zip
Country

4. Date Incorporated or Qualified
To Do Business in Florida 6/18/04

5. FEI Number
03-054388

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
KIMMY DUNKLEY
Street Address (P.O. Box Number is Not Acceptable)
14100 Palmetto Frontage RD. E
Suite, Apt. #, Etc.
#201
City
Miami Lakes FL

State
FL

Zip Code
33016

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

Date

REGISTERED AGENT MUST SIGN

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.	KAN - Sent MOC	5805 Blue Lagoon DR #460	Miami, FL 33126
V.P.	JENNIFER P. MOC	5805 Blue Lagoon DR #460	Miami, FL 33126

000061415840
11/14/05--01054--017 **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 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

Date

Daytime Phone #

7005 A/R's returned by P.O. AMM 11/15

MOC, POVEDA & ASSOCIATES
INSURANCE & FINANCIAL SERVICES

2/2

October 28, 2005

Revenue Agent
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Revenue Agent,

Please note we never received our first notification of our annual report for 2005. The state has our old address; our new address is 5805 Blue Lagoon Drive, Suite 460 Miami, Florida 33126.

Please accept this check for \$150.00 as payment for our annual report 2005.

Thank you,



Kan-Sent Moc
President
jpm