

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC 15 PM 2:36

DOCUMENT # P04000133950

1. Corporation Name

D MOSCANELLA DESIGN INC

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

3550 NW 58 ST

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33142

Country

3. Mailing Office Address

15258 SW 31 Line

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33185

Country

800163615888
12/15/09--01024--006 **300.00

CR2E081 (11/09)

4. Date incorporated or Qualified
To Do Business in Florida

09/24/09

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

Simon Molinas

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

15258 SW 31 Line

Suite, Apt. #, Etc.

City

Miami FL

State

FL

Zip Code

33185

☒ 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

Simon Molinas

REGISTERED AGENT MUST SIGN

Date 12-14-09

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>P</u>	<u>Simon Molinas</u>	<u>15258 SW 31 L.</u>	<u>Miami FL 33185</u>

B 12/15/09

REINSTATEMENT 08-09

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify 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:

Simon Molinas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-14-09

Daytime Phone #