

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 APR -1 PM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO 4390

1. Corporation Name

MOORE & MOORE GENERAL
CONTRACTORS INC

2. Principal Office Address

530 So. Broadway
Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1517
Suite, Apt. #, etc.

City & State

LA Porte Tex

Zip
77571

Country

City & State

LA Porte Tex

Zip

77572

Country

REINSTATEMENT 2001-2002

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/67

5. FEI Number

74-1591945

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

CT Corporation System

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

1200 S. Pine Island Rd.

Suite, Apt. #, Etc.

250

City

PLANTATION

State

FL

Zip Code

33324

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***908.75 ***908.75

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

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

3/29/02

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
B	BRYAN MOORE JR	530 So. Broadway	LA Porte Tex 77571
SD	DAVID MOORE	530 So. Broadway	LA Porte Tex 77571
B	ANN MOORE	530 So. Broadway	LA Porte Tex 77571

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:

Ann Moore ANN MOORE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/26/02

Daytime Phone #

281-604-0532

CR2E081 (9/01)