

PS 10F2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 MAR 31 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000142450

1. Corporation Name

MORAVELL CONSULTANTS INC

2. Principal Office Address - No P.O. Box #  
1835 W FLAGLER ST

3. Mailing Office Address  
1835 W FLAGLER ST

Suite, Apt. #, etc.  
201-268

Suite, Apt. #, etc.  
201-268

City & State  
MIAMI FLORIDA

City & State  
MIAMI FLORIDA

Zip  
33135

Country  
USA

Zip  
33135

Country  
USA

200120419332  
03/17/08--01005--017 \*\*900.00  
05-09-06 90070 017 \$150.00  
REINSTATEMENT 06-08

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
20-3754018

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  
LUYO, LUIS

Street Address (P.O. Box Number is Not Acceptable)  
3631 NW 37TH PL

Suite, Apt. #, Etc.

City  
MIAMI FL

State  
FL

Zip Code  
33142

☐ 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

LUIS LUYO

See attached

Date 03-11-2008

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
PD	RAMON MORA	296 RACQUET CLUB R APT # 102	WESTON FLORIDA 33326

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/2008

Date

954-708-6933

Daytime Phone #

pg 2 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

RA Signature  
only

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000142450

1. Corporation Name

MORAVELL CONSULTANTS, INC

2. Principal Office Address - No P.O. Box #  
1835 W FLAGLER ST

Suite, Apt. #, etc.  
201-268

City & State  
MIAMI

Zip  
33135

Country  
USA

3. Mailing Office Address  
1835 W FLAGLER ST

Suite, Apt. #, etc.  
201-268

City & State  
MIAMI

Zip  
33135

Country  
USA

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
20-3754018

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  
LUIS LUYO

Street Address (P.O. Box Number is Not Acceptable)  
3631 NW 37TH PL

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code

☐ 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

REGISTERED AGENT MUST SIGN

Date 03-27-2008

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
PD	RAMON MORA	296 RACQUET CLUB RD APT # 102	WESTON FLORIDA 33326

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-27-2008

Date

954-708 6933

Daytime Phone #