

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 DEC 30 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000003958

1. Corporation Name

Momi Investments, Inc.

W09-55178

800163827098
12/30/09--01018--002 **150.00

800163827098
12/21/09--01045--004 **150.00

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

824 Temple Terrace

Suite, Apt. #, etc.

City & State

Oviedo, FL

Zip

32765

Country

USA

3. Mailing Office Address

824 Temple Terrace

Suite, Apt. #, etc.

City & State

Oviedo, FL

Zip

32765

Country

USA

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/07

5. FEI Number

24 1725371

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

Carrie S Shawfield

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

824 Temple Terrace

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32765

☒ 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

Carrie S Shawfield

REGISTERED AGENT MUST SIGN

Date 12/15/09

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
President	Carrie Shawfield	824 Temple Terrace	Oviedo, FL 32765

10. E-mail Address: carrie@shawfield.com

(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 legal effect as if made under oath.