## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT   | NSTATEMENT S DIVIS  |  |                                 | FILED 14 JAN-2 PH 12: 39                               |   |   |  |
|---|---------------------|--|---------------------------------|--|---|---|--|
| 1. Corporation Name  MOEKA  | I, IN               |  |                                 |  | MCRETARY OF STAT<br>BUAHASSEE, PLORI  |   |  |
| 2. Principal Office Address - No P.O. Box # 53 Meadows Dr Suite, Apt. #. etc  | 53 Me               | 3. Mailing Office Address 53 Meadows Dr. Suite, Apt. #, etc. |                                 |  | CR2E081 (11/10)  4. Date incorporated or Qualified To Do Business in Florida 08/01/2012 5. FEI Number |   |  |
| Boynton Beach, FL  Zip Country  USA   | Country Zip         |  |                                 |  | RTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status               |   |  |
| Name Calvo, Christian Street Address (P.O. Box Number is Not Acceptable) 53 Meadows Dr Suite. Apt. #, Etc.  City Boynton Beach  State Zip Code FL 33436                 |                     |  |                                 | 200255167072<br>01/02/1401012013 **750.00              |   |   |  |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN |                     |  |                                 | bligations of section 607,0505 or 617,0503, F.S.  Date |   |   |  |
| Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea  Titles     Name of Street Address of Each                  |                     |  |                                 | ast 3 directors)  City / State / Zip                   |   |   |  |
| Officers and/or Director  | Christian Calvo     |  | Officer and/or Director Meadows | Dr   | Boynton Beach, fl 33436   |   |  |
| VP Valentina Cap  | P Valentina Capaldo |  | Meadows                         | Dr   | Boynton Beach, fl 33436   |   |  |
| REINSTAT  | EMEI                | VT 20  | 13                              |  | JAN =3 2014<br>L. SELLERS   | 3 |  |
| 10 E mail Address a cheglyo91@gmail.com   |                     |  |                                 |  |   |   |  |

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., and that all fees owed by the corporation have been peid. 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. I appraisance that lake information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

IGNATURE:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
| Date | Daytime Phone |

(To be used for future annual report notification)

Daytime Phone #