

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

00 APR -7 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 0025000109103

1. Corporation Name

Gregory A. Moore, P.A.

W-9314

2. Principal Office Address

15225 NW 77th Ave

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Lakes, Florida

City & State

Ela

Zip

33014

Country

USA

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

3-17-93

5. FEI Number

65-0396981

Applied SP

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

Gregory A. Moore

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

15225 NW 77th Ave

300003213683

Suite, Apt. #, Etc.

1st Floor

-04/18/00--01120--006

***1050.00 ***1050.00

City

Miami Lakes, Florida

State
FL

Zip Code

33014

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

Gregory A. Moore

Date

4-6-00

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
Pres.	Gregory A. Moore	15225 N.W. 77th Ave 1st Floor Miami Lakes, FL 33014	

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)(c), 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

Date

4-6-00

Daytime Phone #

305-557-3161