

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 MAR -8 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-04

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03/08/04--01050--007 **1200.00

DOCUMENT # P94000033499

1. Corporation Name

MOON HUT, INC.

2. Principal Office Address

7802 Astronaut Blvd.

Suite, Apt. #, etc.

City & State

Cape Canaveral, FL

Zip

32920

Country

USA

3. Mailing Office Address

7802 Astronaut Blvd

Suite, Apt. #, etc.

City & State

Cape Canaveral, FL

Zip

32920

Country

USA

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

5/2/94

5. FEI Number

59-3236950

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

Holiasmenou, Calliope A.

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

7802 Astronaut Blvd., Cape Canaveral, FL 32920

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Calliope A. Holiasmenou
REGISTERED AGENT MUST SIGN

Date

3/2/04

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
P	Holiasmenou, Calliope	1915 Porpoise St.	Merritt Island, FL 32953
VP	Plakas, Helen	1915 Porpoise St.	Merritt Island, FL 32953

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/2/04

Daytime Phone #

321-868-2638

CALLIOPE A. HOLIASMENOU