

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 18 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 994000039640

1. Corporation Name
MOKKA INTERNATIONAL CORPORATION

Handwritten mark

REINSTATEMENT 03-04

2. Principal Office Address
6864 S.W 145 TERRACE

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

Zip 33158 Country

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0494513

Apply 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
MOISES BENCHLOUCH

Street Address (P.O. Box Number is Not Acceptable)
6864 S.W 145 TERRACE

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33158

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent [Signature] Date 03/17/04

REGISTERED AGENT MUST SIGN

CREDENTIAL ACTION

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	MOISES BENCHLOUCH	6864 S.W 145 TERRACE MIAMI, FL 33158	MIAMI, FL 33158

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] Date 03/17/04 305-992-4403

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2052

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

MOKKA INTERNATIONAL CORPORATION

Certificate of Status	0
Certified Copy	0
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