PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 FEB -4 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 94000044452

1. Corporation Name

Moon Cricket INC.

Principal Place of Business

1720 TAMIAMI TR. E.
NAPLES, FL. 33962

Mailing Address

8943 Dorchester St
Ft Myers Fla. 33907

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

[redacted]

REINSTATEMENT P.G.F.

4. Date Incorporated or Qualified To Do Business in Florida: June 10 1994

5. FEI Number | Applied For ☐ | Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Lynda Woods	8943 Dorchester St	Ft Myers Fla 33907

02/19/99--01085--003
***1250.00 ***1250.00

8. Name and Address of Current Registered Agent

Lynda Woods
8943 Dorchester St.
Ft myers Fla 33907

9. Name and Address of New Registered Agent

Name: LYNDA Woods
Street Address (P.O. Box Number is Not Acceptable): 8943 DORCHESTER ST.
Suite, Apt. #, Etc.
City: FT. MYERS FL. 33907
State: FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Lynda Woods — REGISTERED AGENT MUST SIGN — Date: 2-2-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on Intangible tax.)

12. 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: Lynda Woods LYNDA WOODS 2-2-99 941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

936 0944