

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

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

**FILED**

00 SEP 21 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDADOCUMENT # 094000067945

## 1. Corporation Name

Moore Advisors, Inc.

## 2. Principal Office Address

2333 Ponce De Leon Blvd  
Suite, Apt. #, etc.

## City &amp; State

Coral Gables, FL

## Zip

33134

## Country

USA

## 3. Mailing Office Address

2333 Ponce De Leon Blvd  
Suite, Apt. #, etc.

## City &amp; State

Coral Gables, FL

## Zip

33134

## Country

USA

**REINSTATEMENT**94-004. Date Incorporated or Qualified  
To Do Business in Florida

9-14-94

## 5. FEI Number

65-05-19822

☒ 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

F. Ross Walpole

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

5401 N. Federal Highway

## Suite, Apt. #, Etc.

## City

Fort Lauderdale

State  
FLZip Code  
33308

200003417172-6

-10/06/00-01087-023

\*\*\*1358.75 \*\*\*1358.75

## 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

Date

9/19/00

## 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
	F. Ross Walpole, President	5401 N. Federal Highway	Ft. Lauderdale, FL 33308

LS

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

9/19/00

Date

954-202-9990

Daytime Phone #