PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

(#000000273227)

FILED
00 MAY 19 AM 8:43
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P95000028453

1 Corporation Name

MOISES CORPORATION

Principal Place of Business / Mailing Address

801 WEST 49 ST SUITE #211
HIALEAH, FLORIDA 33012

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

REINSTATEMENT 99-01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
801 W 49 ST	
Suite, Apt. #, etc. 211	Suite, Apt. #, etc.
City & State HIALEAH, FLA	City & State
Zip 33012 Country U.S	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 04/11/1995

5. FEI Number 65-0572173 ☐ 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	GUILLERMO LABRADOR	801 W 49 ST #211	HIALEAH, FL 33012
V-PRES	GUILLERMO LABRADOR	801 W 49 ST #211	HIALEAH, FL 33012
SECT	GUILLERMO LABRADOR	801 W 49 ST #211	HIALEAH, FL 33012
TREA	GUILLERMO LABRADOR	801 W 49 ST #211	HIALEAH, FL 33012

8. Name and Address of Current Registered Agent

GUILLERMO LABRADOR
801 WEST 49 ST #211
HIALEAH, FL 33012

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | 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 _____ Date 5/18/00
REGISTERED AGENT MUST SIGN

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 correct, and my signature shall have the same legal effect as if made under oath.

(#000000273227)

SIGNATURE: GUILLERMO LABRADOR 5/18/00 305-525-6051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : INTERLINK TRADE & COMMERCE., CORP.
Account Number : I19990000277
Phone : (800)906-3620
Fax Number : (800)988-0199

CORPORATION REINSTATEMENT

MOISES CORPORATION

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$908.75