

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000028765**

1. Corporation Name

MOORE LEISURE, INC.

Principal Place of Business

Mailing Address

475 CENTRAL AVENUE
SUTIE M-8
ST. PETERSBURG FL 33701
US

C/O ERNEST L. MASCARA, PA
475 CENTRAL SUTIE M-8
ST. PETERSBURG FL 33701
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/1995

5. FEI Number

59-3309138

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPT	MOORE, KATHRYN	1885 SHORE DRIVE SOUTH, #115 438	SOUTH PASADENA FL 33707

600033432116
04/21/04 01020 017 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MASCARA, ERNEST L
475 CENTRAL AVENUE
SUTIE M-8
ST. PETERSBURG FL 33701

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 4-7-04

11. 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: *KATHRYN H. MOORE* *K. H. Moore*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-04
Date

480-5191
Daytime Phone #

FILED
04 APR 14 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04