2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000053305

Entity Name: MOSHIACH CORPORATION

FILED Oct 15, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3600 YAC	HT CLUB DRIV	√E			
– –	RA, FL 33160				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
3600 YAC	HT CLUB DRI	√E			
	RA, FL 33160				
FEI Number	: 65-0679542	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
	, ISAC HT CLUB DRI ^N RA, FL 33160	VE #403 US	EFRAIM, ISAC 3600 YACHT CLUB E AVENTURA, FL 3310		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: ISAC EFRAIM				10/15/2007	
	Electror	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	EFRAIM, AVIVA	LUB DRIVE #403	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EFRAIM, DAVII	_UB DRIVE #403	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EFRAIM, AMIR	LUB DRIVE #403	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EFRAIM, YARO	LIB DRIVE #403	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	EFRAIM, ISAC) Delete LUB DRIVE #403	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: AVIVA EFRAIM P 10/15/2007

AVENTURA, FL 33160

City-St-Zip: