

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

01 MAY -3 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

95000579884

1. Corporation Name

COBALT MOON, INC.

100004212531--9

05/11/01--0118--004

***900.00 ***900.00

2. Principal Office Address

217 FIRST ST

Suite, Apt. #, etc.

3. Mailing Office Address

217 FIRST ST

Suite, Apt. #, etc.

City & State

NEPTUNE BEACH FL

Zip

32286

Country

USA

City & State

NEPTUNE BEACH FL

Zip

32286

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/95

5. FEI Number

59-3372463

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

DONNALEA GOELZ

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

631 BEACH AVE

Suite, Apt. #, Etc.

City

ATLANTIC BEACH

State

FL

Zip Code

32233

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

DONNALEA GOELZ
REGISTERED AGENT MUST SIGN

Date

4/21/01

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

DPST

DONNALEA GOELZ

631 BEACH AVE

ATLANTIC BEACH FL 32233

REINSTATEMENT 00-01

M.W.

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

4/21/01

Date

904-249-4445

Daytime Phone #