

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000089653**

1. Corporation Name

MORAN AUDIO VIDEO SOLUTIONS INCORPORATED

Principal Place of Business

12251 SW 118TH TERRACE
MIAMI FL 33186

Mailing Address

12251 SW 118TH TERRACE
MIAMI FL 33186

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

2. New Principal Office Address, If Applicable

2900 NATOMA STREET

3. New Mailing Office Address, If Applicable

2900 NATOMA STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT GROVE, FL.

City & State

COCONUT GROVE, FL.

Zip

33133

Country

DADE

Zip

33133

Country

DADE.

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/1995

5. FEI Number

65-0621256

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
PVST	MORAN, CARLOS M	12251 SW 118TH TERRACE 2900 NATOMA STREET	MIAMI FL 33186 COCONUT GROVE, FL 33133
D	MORAN, CARLOS M	12251 SW 118TH TERRACE 2900 NATOMA STREET	MIAMI FL 33186 COCONUT GROVE, FL 33133

REINSTATEMENT

97-98

4000002628104-6

18/26/98-01101-003

*****900.00 ***900.00**

8. Name and Address of Current Registered Agent

MORAN, CARLOS M
12251 SW 118TH TERRACE
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name **MORAN, CARLOS M**
Street Address (P.O. Box Number is Not Acceptable)
2900 NATOMA STREET
Suite, Apt. #, Etc.
City **COCONUT GROVE** State **FL** Zip Code **33133**

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

Carlos M. Moran

REGISTERED AGENT MUST SIGN

Date

Nov. 13, 1997

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 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

Date

Daytime Phone #

CP2ED40 (8/97)