

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 OCT 25 PM 4:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000042409**

1. Corporation Name

MOO'S, INC.

Principal Place of Business

Mailing Address

1110 E WASHINGTON ST
 ORLANDO FL 32801
 US

1110 E WASHINGTON ST
 ORLANDO FL 32801
 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

4. Date Incorporated or Qualified To Do Business in Florida

05/10/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3375504

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4. City / State / Zip
VSD	HOLMAN, WILLIAM M	1110 E. WASHINGTON ST.	ORLANDO FL 32801

1000003032961--0
 -11/02/99--01090--015
 *****750.00 *****750.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRANITO, MARGARET P
 7139 TIMBER DRIVE
 WINTER PARK FL 32792

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

Margaret P. Granito
 REGISTERED AGENT MUST SIGN

Date 10/21/99

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:

W. Grant Holman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/99 407-648-8288
 Date Daytime Phone #