


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

APPLICATION FOR  **FLORIDA DEPARTMENT OF STATE**
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 20 PM 5:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P96000076100

1. Corporation Name

JOEL S. MOSS, P.A.

Principal Place of Business

Mailing Address

**47 W NEW HAVEN AVENUE
SUITE 200
MELBOURNE FL 32901**

**47 W NEW HAVEN AVENUE
SUITE 200
MELBOURNE FL 32901**

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 09/11/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2359386	
City & State		City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PSTD	MOSS, JOEL S	47 W NEW HAVEN AVENUE STE 200	MELBOURNE FL 32901

7000003446587--5
-11/01/00--01035--016
******150.00 ****150.00**

00432 78

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MOSS, JOEL S
47 W NEW HAVEN AVENUE
SUITE 200
MELBOURNE FL 32901**

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

Joel S. Moss
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/17/00**

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:

Joel S. Moss
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00

Date

321-768-1250

Daytime Phone #

LAW OFFICES OF

JOEL S. MOSS, P.A.

Telephone (321) 768-1250
Fax (321) 724-2990

47 W. New Haven Avenue
Suite 200
Melbourne, Florida 32901

October 17, 2000

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

RE: Joel S. Moss, P.A.

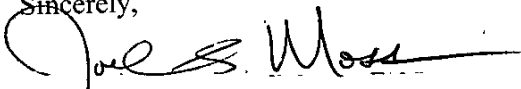
Dear Sir or Madam,

Enclosed is my application for reinstatement for the above together with my office check payable to the Department of State in the amount of \$150.00.

By this letter I am asking for your help in reducing the fee to the above amount as I never received the 2000 annual report.

Thank you for your help in this matter.

Sincerely,



Joel S. Moss

JSM:gjb
enclosures