

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000009466

1. Entity Name  
CRESCENT ALOMA, INC.



FILED

05 MAY 23 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
437 LEXINGDALE DR.  
ORLANDO, FL 32828

Mailing Address  
437 LEXINGDALE DR.  
ORLANDO, FL 32828

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05102005 REIN-P CR2E098 (6/04)

4. FEI Number  
59-3424357

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSS, ED  
480 N ORLANDO AVE #218  
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
MOTIWALLA, MOHAMMED  
437 LEXINGDALE  
ORLANDO, FL 32828 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
200055150752  
05/23/05--01072--008 \*\*308.75

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/12/05 407-483-7000  
Date Daytime Phone #

May 10, 2005

Divisions of Corporations  
Annual Report Section  
P.O. Box 6850  
Tallahassee, FL 32314

Dear Sir or Madam:

**Crescent Aloma, Inc.**  
**EIN: 59-3424357**

On behalf of the above-named taxpayer, we are enclosing the 2005 For Profit Corporation Reinstatement, along with a check in the amount of \$300. Based on the information provided below, we respectfully request a waiver of the late filing fee.

Pursuant to Florida statute 607.193(1)(b), a corporation is eligible for waiver of the late filing penalty if notice of the annual report being due by May 1 was not received. Please accept this letter as the company's statement that notice of this deadline was not received. The taxpayer has consistently made a good faith effort to timely comply with all federal and state filing responsibilities. Based on these facts, we do not feel that the taxpayer should be burdened with a late filing fee, and we respectfully request a waiver of this amount.

Please give us a call if you need additional information. Thank you for your assistance and understanding.

Sincerely,



W. Ed Moss, Jr., CPA

**Berman  
Hopkins  
& Moss**

**partners:**

John R. Hopkins

James A. Wright, Jr.

James S. LaHam

Ross A. Whitley

W. Ed Moss, Jr.

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