

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 JUL -1 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000107601

1. Corporation Name
MOC CAPITAL PARTNERS, INC.

Principal Place of Business Mailing Address - same
2201 NW CORPORATE BOULEVARD, SUITE 102
BOCA RATON, FL 33431

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 12/97 - 1/98	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0803117	
City & State		City & State		Applied For 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)

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
PRESIDENT	GARY L COHEN	4450 NW 28th AVENUE	BOCA RATON, FL 33434
			300002927693--5 -07/09/99--01087--006 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHN W. WEEKES 4769 PEPPERBUSH LANE BOYNTON BEACH, FL 33436		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
REGISTERED AGENT MUST SIGN

Date 6/29/99

11. This corporation owes 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:

GARY L COHEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/99
Date

561-241-5600
Daytime Phone #

CR2001 (12/98)



MOC CAPITAL PARTNERS, INC.

June 29, 1999

Mr. Y. Fisher
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Via US Mail

Please find enclosed the signed application for reinstatement, along with a check for \$300.00 for the "98-99 annual report pursuant to my conversation with Mr. Fisher.

We have never received the documentation necessary and, therefore we were unaware that the annual review and fee were necessary. We are therefore requesting a one time exemption from the penalty.

Please call me with any questions.

Thank you.

Sincerely,



Gary L. Cohen
Managing Director

Enclosure
GLC/cha

2201 N.W. Corporate Blvd.
Boca Raton, Florida 33431

(561) 241-5600
(561) 241-7727 FAX

mocc@worldnet.att.net