

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 FEB 17 PM 2:39

DOCUMENT # P98000010633

1. Corporation Name

Moby Dick Enterprises, INC

2. Principal Office Address

2730 MYRICA RD

Suite, Apt. #, etc.

N/A

City & State

West Palm Beach, FL

Zip

33406

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

REINSTATEMENT

01-03

4. Date Incorporated or Qualified
To Do Business in Florida

2-2-1998

5. FEI Number

65-0807737

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gary Mitchell

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

2730 MYRICA ROAD

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33406

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/14/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	Gary Mitchell	2730 Myrica Road	West Palm Beach, FL 33406
VTD	Dorlene Mitchell	2730 Myrica Road	West Palm Beach, FL 33406

400012599814

10. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/14/03

Daytime Phone #

561-205-0826

CR2E081 (10/02)



ACCOUNT NO. : 072100000032

REFERENCE : 933766 7368010

AUTHORIZATION :

Patricia Pizante

COST LIMIT : \$ 1050.00

ORDER DATE : February 17, 2003

ORDER TIME : 12:52 PM

ORDER NO. : 933766-005

CUSTOMER NO: 7368010

CUSTOMER: Mr. Luis C. Padilla
Oceanside Financial
Suite 510, City National Bank
Bldg. 300 71st Street
Miami, FL 33141

DOMESTIC FILINGS

RECEIVED
03 FEB 17 PM 2:28
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: MOBY DICK ENTERPRISES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____