

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 13 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000017506**

1. Corporation Name

MOORE RESERVATION SYSTEMS, INC.

Principal Place of Business

Mailing Address

**2441 BELLEVUE AVE
DAYTONA BEACH FL 32114**

**2441 BELLEVUE AVE
DAYTONA BEACH FL 32114**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1800 W. INTL SPEEDWAY BLVD

3. New Mailing Office Address, If Applicable

60 EAST 47TH STREET

Suite, Apt. #, etc.

BUILDING 1, SUITE 103

Suite, Apt. #, etc.

SUITE 648

City & State

DAYTONA BEACH, FLORIDA

City & State

NEW YORK, NEW YORK

Zip

32114

Country

U.S.A.

Zip

10165

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

02/20/1998

5. FEI Number

59-3493960

Applied For

Not Applicable

6.

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
D	CIUS, STEPHEN	1800 W. 1SB, BLDG #1 STE., 103	DAYTONA BEACH FL 32114

8. Name and Address of Current Registered Agent

**LOGUIDICE, JOSEPH A
2441 BELLEVUE AVE
DAYTONA BEACH FL 32114**

9. Name and Address of New Registered Agent

Name

LOGUIDICE, JOSEPH A

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

555 WEST GRANADA BLVD.

Suite, Apt. #, Etc.

SUITE 805

City

ORLAND BEACH

State

FL

Zip Code

32174

CP2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/04/02

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:

SIGNATURE REQUIRED
STEINEN-CIUS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/04/02

Daytime Phone #

212-557-0880

MOORE RESERVATION SYSTEMS

November 5, 2002

Florida Department of State
Divisions of Corporation
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

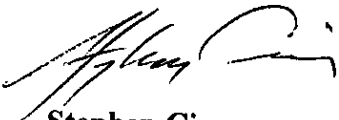
To Whom It May Concern:

Enclosed please find an application for reinstatement for Moore Reservation Systems, Inc.

Both the corporation and the registered agent moved in January of 2000 and the uniform business report notices were not received after that time. Please send a report to the new mailing address and a completed report will be forwarded immediately.

Thank you for your consideration in this matter.

Sincerely,



Stephen Cius
President