

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 23 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P98000017506

1. Corporation Name

MOORE RESERVATION SYSTEMS, INC.

Principal Place of Business

Mailing Address

1800 W INTL. SPEEDWAY BLVD  
BLDG 1. SUITE 103  
DAYTONA BEACH FL 32114

60 EAST 42ND STREET  
SUITE 648  
NEW YORK NY 10165

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

120 WALL STREET

30TH FLOOR

NEW YORK, NEW YORK

10005

USA

REINSTATEMENT 03-04



800033567088

04/22/04--01053--016 \*\*308.75

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CIUS, STEPHEN	1800 W. 1SB, BLDG #1 STE., 103	DAYTONA BEACH FL 32114

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOGUIDICE, JOSEPH A  
555 WEST GRANADA BLVD  
ORMOND BEACH FL 32174

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

2/25/04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/19/03 (212)557-0880

Daytime Phone #

CR2E040 (7/03)



April 20, 2004

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Document #P98000017506

To Whom It May Concern:

Attached please find an Application For Reinstatement for Moore Reservation Systems, Inc.

The original went to an old mailing address and I hereby request a waiver of the reinstatement fee. A check is enclosed in the amount of \$308.75, representing fees for the years 2003 and 2004, plus \$8.75 for a Certificate of Status.

Should you have any questions please call me at (212) 557-0880.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Stephen Cius', is written over a horizontal line.

Stephen Cius  
President