

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 OCT -3 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000024232**

1. Corporation Name

MOONlight Designs.

200008602862
10/25/02--01121--035 **600.00

2. Principal Office Address

2625 Collins

Suite, Apt. #, etc.

1906

City & State

Miami Beach, Florida

Zip

33140

Country

USA

3. Mailing Office Address

Same as (2)

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 13, 1998

5. FEI Number

65-0836660

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

Scott Gagan

(954) 745 5205

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

500 East Broward Blvd.

Suite, Apt. #, Etc.

1130

City

Fort Lauderdale

State

FL

Zip Code

33394

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10-02-02

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
D	VICTOR ROYAS	2625 Collins 1906	Miami Beach, FL 33140

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 2nd 2002 **(305) 5314500**

Date

Daytime Phone #

CR2E081 (9/01)


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Dear Sirs:

My name is Victor Rojas, owner of Moonlight Designs. I did not receive any of the ^{1999 or} previous notices that were mailed to me, probably because I moved from 2301 Collins Av 1040 to my new address 2625 Collins Av 1906. From now on I will be more careful, when I move to a new address.

Thank you so much. Best Regards


Victor Rojas