PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED
Sep 07, 2005 8:00 A.M.
Secretary of State

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800059381158
09/07/05--01010--010 **8.75

800059381158
09/07/05--01010--009 **900.00

DOCUMENT # P98000024232

1. Corporation Name
Moonlight Designs, Inc.

2. Principal Office Address		**3.** Mailing Office Address	
2625 Collins Avenue		2625 Collins Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
PH 1906		PH 1906	
City & State		City & State	
Miami Beach, Florida		Miami Beach, Florida	
Zip	Country	Zip	Country
33140	United States	33140	United States

4. Date Incorporated or Qualified To Do Business in Florida 03/13/1998

5. FEI Number 650836660 ☐ 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
Victor Rojas

Street Address (P.O. Box Number is Not Acceptable)
2625 Collins Avenue

Suite, Apt. #, Etc.
PH 1906

City	State	Zip Code
Miami Beach	FL	33140

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 _____ Date August 29, 2005
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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 Rojas	2625 Collins Avenue PH1906	Miami Beach, FL 33140

REINSTATEMENT 09

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: _____ Victor Rojas August 29, 2005 (305)531-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #