

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 31 PM 12:22

RECEIVED BY STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000041077

1. Corporation Name

MOOS INVESTMENTS, INC.

2. Principal Office Address

536 SPINNAKER LANE

3. Mailing Office Address

2198 MAIN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGBOAT KEY, FL

City & State

SARASOTA

Zip

34228

Country

USA

Zip

34237

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0836850

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

PETER J. JAENSCH

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

2198 MAIN STREET

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34237

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

REGISTERED AGENT MUST SIGN

Date 03/28/2006

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	MOOS, GABRIELE	536 SPINNAKER LANE	LONGBOAT KEY, FL 34228
D	MOOS, SUSANNE	536 SPINNAKER LANE	LONGBOAT KEY, FL 34228
VP	JAENSCH, PETER	2198 MAIN STREET	SARASOTA, FL 34237

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 contained in Chapter 119, 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:

PETER J. JAENSCH

03/28/2006

(941) 366-9841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #