PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

06 DEC 18 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000053220

1. Corporation Name

Moos Real Estate Development Corp.

01-06

700082618627--5
12/18/06--01052--019 **1500.00

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
1990 Main Street	1990 Main Street
Suite, Apt. #, etc. 801	Suite, Apt. #, etc. 801
City & State Sarasota, FL	City & State Sarasota, FL
Zip 34236 Country USA	Zip 34236 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0842774 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee is required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name	Renea M. Glendinning, CPA
Street Address (P.O. Box Number is Not Acceptable)	1990 Main Street
Suite, Apt. #, Etc.	801
City / State / Zip Code	Sarasota FL 34236

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 Renea M. Glendinning Date 12/4/06

REGISTERED AGENT MUST SIGN

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, Susanne	536 Spinnaker Lane	Longboat Key, FL 34228
D	Moos, Gabriele	536 Spinnaker Lane	Longboat Key, FL 34228
	$ 12/19		

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: DR. MOOS 12-4-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #