

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 NOV -1 PM 5:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000100419

1. Corporation Name

MOV/COMM CORP.

Principal Place of Business

Mailing Address

3350 N.E. 192 STREET  
BUILDING B - UNIT 1-C  
AVENTURA FL 33180

3350 N.E. 192 STREET  
BUILDING B - UNIT 1-C  
AVENTURA FL 33180

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

P.O. BOX 630295

3. New Mailing Office Address, If Applicable

P.O. BOX 630295

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLA

City & State

MIAMI, FLA

Zip

33163

Country

USA

Zip

33163

Country

USA

REINSTATEMENT

990

4. Date Incorporated or Qualified  
To Do Business in Florida

12/02/1998

5. FEI Number

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	SABAN, EZRA	3350 N.E. 192 STREET BLDG. B UNIT	AVENTURA FL 33180

200003039562--6  
-11/09/99--01051--019  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SABAN, EZRA  
3350 N.E. 192 STREET  
BUILDING B - UNIT 1-C  
AVENTURA FL 33180

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

OCT 18TH 1999

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

Ezra Saban

Date

OCT-18-1999

Daytime Phone #

205-792-5598

KE