

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUN 24 PM 12:06

DOCUMENT # **P99000061604**

1. Corporation Name

**MOSLEY HOLDINGS, INC.**

2. Principal Office Address

**2227 NW 79th Ave.**

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL.**

City & State

Zip

**33122**

Country

**DADE**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**7/12/99**

5. FEI Number

**65-0935492**

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

**M. TERESA ORIZONDO**

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

**2227 NW 79th Avenue**

**100021047341**

**06/20/03--01087--001 \*\*301.00**

Suite, Apt. #, Etc.

City

**MIAMI**

State  
**FL**

Zip Code  
**33122**

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

**M. Teresa Orizondo**

Date

**6/18/03**

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
Pres.	O. J. Abello	681 N.W. 101 <sup>st</sup> Terr.	Plantation, FL 33324
V. P.	MARIA ELENA ABELLO	681 NW 101 <sup>st</sup> Terr.	Plantation, FL 33324
Sec. Tres.	MARIA TERESA ORIZONDO	2227 NW 79 <sup>th</sup> Ave.	MIAMI, FL 33122

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:

**M. Teresa Orizondo**

**M. TERESA ORIZONDO**

**6/18/03**

**305-629-8889**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Sec. Treasurer**

CR2E081 (10/02)

***Mosley Holdings Inc.***

**2227 N. W. 79th Avenue**

**Miami, Florida 33122**

**Telephone: 305-629-8889 – Fax: 305-629-8890**

**June 18, 2003**

**Florida Department of State  
Secretary of State  
Division of Corporations  
Reinstatement Section  
P. O. Box 6327  
Tallahassee, Florida 32314**

**Subject: Reinstatement of Mosley Holdings Inc.**

**TO WHOM IT MAY CONCERN:**

**Few days ago we requested of Certificate of Good Standing for the above referenced corporation and included the required fee of \$8.75 for this report.**

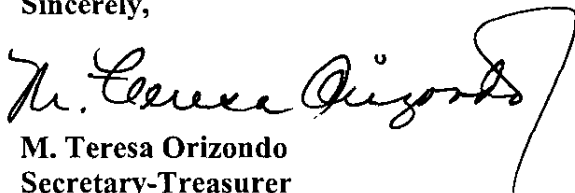
**We realized that due to the fact that the corporation had a change of address the form was never received, and in checking your records the previous address was erroneously printed.**

**We are requesting an immediate reinstatement of this corporation and also are enclosing a check in the amount of \$300 to cover the required fees.**

**We previously sent a DHL form to be used to return this Certificate as soon as possible. We are in the process of obtaining a loan and need this certificate.**

**Your prompt attention to this matter is appreciated. If you have further questions please call me at 305-629-8889.**

**Sincerely,**

  
**M. Teresa Orizondo  
Secretary-Treasurer**