

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000062417

1. Entity Name
MOONLIGHT BAY, INC.



FILED

04 DEC 14 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
709 N Ridgewood Avenue 709 N Ridgewood Avenue
Daytona Beach, FL 32114 Daytona Beach, FL 32114



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

12112004 REIN-P CR2E098 (6/04)

4. FEI Number 65-0934797 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAMMER, EDWIN L CPA
3801 N University Drive #311
Sunrise, FL 33351

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEONARD, LARRY
STREET ADDRESS 709 N Ridgewood Ave
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE VFT
NAME LEONARD, DENISE
STREET ADDRESS 45 N UNIVERSITY DR
CITY-ST-ZIP FORT LAUDERDALE, FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/08/04 954-742-8700