

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 22 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000103256

1. Corporation Name

SUNMOON FARMS, CORP.

2. Principal Office Address

6960 WILLOW LANE

Suite, Apt. #, etc.

City & State

MIAMI LAKES FL

Zip
33104

Country

USA

3. Mailing Office Address

6960 WILLOW LANE

Suite, Apt. #, etc.

City & State

MIAMI LAKES FL

Zip
33104

Country

USA

REINSTATEMENT

00-06

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/1999

5. FEI Number

65-0963703

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

MUNERA, ADRIANA

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

6960 WILLOW LANE

Suite, Apt. #, Etc.

City

MIAMI LAKES

State
FL

Zip Code

33104

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 09/19/2006

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
PSD	MUNERA, ADRIANA	6960 WILLOW LANE	MIAMI LAKES, FL 33104

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MUNERA, ADRIANA

09/19/2006

Date

786 443-7105

Daytime Phone #

K Eckel SEP 25 2006