

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1 of 3

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

01 MAY 21 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S28262**

1. Corporation Name
Painting & cleaning By Moon, Inc.

2. Principal Office Address
22 Westpoint Drive
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 2702
Suite, Apt. #, etc.

City & State
Crawfordville, Fla
Zip
32337
Country
USA

City & State
Tallah, Fla
Zip
32316
Country
LEON

2000-2001 UBR

4. Date Incorporated or Qualified To Do Business in Florida **1-30-91**

5. FEI Number
59-3045767

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
Wanda S. Moon
Street Address (P.O. Box Number is Not Acceptable)
22 Westpoint Drive
Suite, Apt. #, Etc.
City
Crawfordville

900004430749-5
-05/19/01--01110--006
******300.00 ****300.00**

State
FL
Zip Code
32337

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
Wanda S. Moon

Date **5/22/01**

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	Wanda S. Moon	22 Westpoint Dr.	Crawfordville fl 32337
		201-25-AR	
		10.00-ARARS	
		88.75-AR3UP	

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: *Wanda S. Moon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/22/01**
Daytime Phone #

CR2E081 (9/00)

To: Div. of Corporations

From: Wanda Moon

Date: 5/22/01

Re: Re-Instatement of Corporation

This letter is for the purpose of asking for the consideration of the Div. of Corp. to please allow me to pay my past due fees in the amount of 300⁰⁰ and have my Corporation reinstated as opposed to paying the 900⁰⁰ to re-incorporate. My child had to have a Bone Marrow Transplant in 1999. This involved both of my children as his sister was his donor, and as a result of complications she incurred during the transplant, I had both of my children in the hospital at the same time. We recovered and moved back to Tallahassee in the Spring of 1998 and my son still had a in home nurse everyday with my constant around the clock care for another year. In Jan of 1999 he suffered loss of engraftment and had to go back to St. Johns for a Re Transplant, again this involved both of my children. As a result of all of this you

Can imagine how my life has been...
We are now trying to pick up the pieces
and I am able to go back to work full
time... a lot of things were not tended to
during these times simply due to the emotional
and physical stress ~~this~~ has taken on my
family. I really never meant for this to
happen. As you can see I have been in
business since '91. Any consideration you could
give me at this time would be ever so appreciated
I would be so grateful for whatever you can
do.

Thank you very much,

Karla S. Pro
Paintings Cleaning By Moon Inc.