

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 OF 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 21 AM 11:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *S28262*

1. Corporation Name
Painting & Cleaning By Moon Inc.

900025082589
11/26/03--01070--017 **150.00

2. Principal Office Address
303 River Plantation Rd

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Crawfordville

City & State
FL

Zip
32327

Country
Wakulla

Zip
32327

Country
Wakulla

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida *1-30-1991*

5. FEL Number
59-3045767

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name *Wanda S. Moon*

Street Address (P.O. Box Number is Not Acceptable)
303 River Plantation Rd

Suite, Apt. #, Etc.

City *Crawfordville, FL 32327*

State
FL Zip Code

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 *11-21-03*

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
<i>Pres.</i>	<i>Wanda S. Moon</i>	<i>303 River Plantation Rd</i>	<i>Crawfordville, FL 32327</i>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/03
Date

544-4576
Daytime Phone #

CR2E081 (10/02)

11-21-03

2003

DEAR Sir or Madam:

Please acknowledge this letter as notice of the fact I did not receive a renewal notice for my Corporation and I would like to Re-instate it. I ask that could you please take this in consideration and allow me to Reinstall my Corporation.

Thank You,

Wanda Moss