

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **S43105**

1. Corporation Name

MICHAEL MOOG ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~822 HARBELLA LANE~~
~~LANTANA FL 33462~~

~~822 HARBELLA LANE~~
~~LANTANA FL 33462~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1726 NORTH LAKESIDE DR

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1726 NORTH LAKESIDE DR

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33460

Country

USA

City & State

LAKE WORTH, FL

Zip

33460

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/1991

5. FEI Number

65-0257446

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DE MEDICI, F. MICHAEL M.	822 HARBELLA LANE W 1726 NORTH LAKESIDE DR	LANTANA FL 33462 LAKE WORTH, FL 33460

8. Name and Address of Current Registered Agent

DE MEDICI, F. MICHAEL MOOG
534 ISLAND DR.
PALM BEACH FL 33409

9. Name and Address of New Registered Agent

Name

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

1726 NORTH LAKESIDE DR

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33460

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Michael Moog
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

5/20/02

11. 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

Date

5/20/02

Daytime Phone #

FILED
May 13, 2002 8:00 A.
Secretary of State



REINSTATEMENT **01-02**

CR2E040 (8/01)