

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 NOV 12 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S84492

1. Corporation Name

MOTA Communications, Inc.

W09-42284

REINSTATEMENT 08-09

000162312760

10/29/09--01034--003 \*\*150.00  
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

7891 W. Flagler St.

3. Mailing Office Address

7891 W. Flagler St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33144

Country

USA

Zip

33144

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/03/1991

5. FEI Number  
650290428

☐ 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  
Gil Rodriguez

Street Address (P.O. Box Number is Not Acceptable)  
7891 W. Flagler St.

Suite, Apt. #, Etc.

City  
Miami

State  
FL

Zip Code  
33144

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 10/26/2009

**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
Title D	Gil Rodriguez	12864 Biscayne Blvd	North Miami, FL 33181
Title D	Ruth A. Rodriguez	12864 Biscayne Blvd	North Miami, FL 33181

000162312760  
11/12/09--01039--031 \*\*150.00

11/13

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

Gil Rodriguez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/2009  
Date

305-267-9966  
Daytime Phone #