CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB -4 AM 9: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V 37696

1. Corporation Name

MOE x MOE VENTURES INC.

2. Principal Office Address
7191 S.W. 8 ST

3. Mailing Office Address
7191 S.W 8 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT 01-03

City & State
PLANTATION FL

City & State
PLANTATION FL

4. Date Incorporated or Qualified To Do Business in Florida 05/18/1992

5. FEI Number
65-0333592

Applied For

Not Applicable

Zip
33317

Country
BROWARD

Zip
33317

Country
BROWARD

6. CERTIFICATE OF STATUS DESIRED ☒

$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MARIE-LOUISE MOE

Street Address (P.O. Box Number is Not Acceptable)
7191 S.W. 8th Street

5000117888425
02/04/03--01071--032 **1058.75

Suite, Apt. #, Etc.

City
PLANTATION

State
FL

Zip Code
33317

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 Jan 31 2003

CR2E081 (10/02)

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
P D	MARIE-LOUISE MOE	7191 SW 8 Street	PLANTATION FL 33317
VSD	JAMES MOE	10550 St Rd 84 #336	DAVIE FL 33324

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

Jan 31 2003

Date

9547915468

Daytime Phone #