	ALL INICTOLICTIONS	DEFORE O	COMPLETING THE CODE
APPLICATION FOR	ALL INSTRUCTIONS BEFORE C FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		APPROVED AND FILED
REINSTATEMENT DIVISION OF CORPORATIONS		99 JAN -7 PM 3:46	
DOCUMENT # V41250		- 1.**	
MOONBEAM LIMITED, INC		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business	Mailing Address 4910 HAITI CIR		
	ORLANDO, FL		REINSTATEMENT 18
	•	32808	Marie 1990 de la companio della comp
If above addresses are incorrect in any way, line throat. New Principal Office Address, if Applicable	3. New Mailing Office Address, If		Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.		To Do Business in Florida 7972 5. FEI Number Applied For
City & State Zip Country	City & State LAN DO	FC	59-3126/04 Not Applicable 6. S8.75 Additional Fee required
	32808 01	PANGE	CERTIFICATE OF STATUS DESIRED L
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at leas Title(s) 2 Name of Officers and/or Directors 2 Chifficer and/or Director 3 (Do NOT Use Post Office Box No		City / State / Zip	
D DAVID G. S	DADA 4910	HAITI C	PIR ORLANDO.FL 32808
D TERESSARS			(1777776)
D ILKEDSHING	7, 0,0	<u> </u>	ipprierisition, -
			1000027406213
		·	-01/13/3301102007 ****750.00 ****750.00
8. Name and Address of Current Registered Agent Name		Name	9. Name and Address of New Registered Agent
TERESSA R. SPADA SI		Street Address (P.	O. Box Number is Not Acceptable O. HATTI CIR
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City O O C O X / To + State Zip Code O			
CASSECDERNY PO City ORCAN DU State Zip Code FL 3280S			
10. I, being appointed the registered agent of the above hamed conformation, and familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent Date			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No			
12. 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 TYPEDER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date			