

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

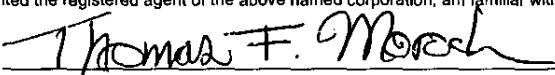
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REINSTATEMENT 02-03

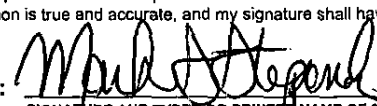
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F00000003764			
1. Corporation Name Moroch & Associates, Inc.			
2. Principal Office Address 3625 North Hall St. Suite, Apt. #, etc. Suite 1100 City & State Dallas, TX Zip 75219 Country USA		3. Mailing Office Address 3625 North Hall St. Suite, Apt. #, etc. Suite 1100 City & State Dallas, TX Zip 75219 Country USA	

4. Date Incorporated or Qualified To Do Business in Florida October, 1981	
5. FEI Number 75-1785464	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Thomas F. Moroch			
Street Address (P.O. Box Number is Not Acceptable) 1280 S.W. 36th Avenue			
Suite, Apt. #, Etc. Suite 100			
City Pompano Beach		State FL	Zip Code 33069

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 	Date 5/14/03
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
CEO	Thomas F. Moroch	3625 N. Hall St. Suite 1100	Dallas, TX 75219
Chmn.	Patrick P. Kempf	same as above	same as above
Pres.	Robert L. Boswell	same as above	same as above
CFO	Mark S. Stepanek	same as above	same as above

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: 	Mark S. Stepanek	5/14/03	214-520-5629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (10/02)

7/5/27