


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 8:40

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # H82260

1. Corporation Name
MOTURIS INC.

Principal Place of Business 3901 NW 16TH ST LAUDERHILL FL 33311 US	Mailing Address 3901 NW 16TH ST LAUDERHILL FL 33311 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 03

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country
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4. Date Incorporated or Qualified To Do Business in Florida 10/23/1985	
5. FEI Number 59-2262387	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	DAHLER, ERNST	GROSSWIES 38	8185 WINKEL/SWITZ
MGR	GULLEMANN, NUBIA	3361 NW 21 CT	COCONUT CREEK FL 33066 300023805143 10/15/03--01022--005 **150.00
			300023805143 10/15/03--01022--005 **150.00
			300023805143 10/15/03--01022--005 **150.00

8. Name and Address of Current Registered Agent

GULLEMANN, NUBIA S
3361 NW 21 CT
COCONUT CREEK FL 33066

9. Name and Address of New Registered Agent


Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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. or 617.0505, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

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:  **NUBIA GULLEMANN MGR** 10/09/03 (954) 587-8450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)



MOTORHOMES • CAMPERS • MOTORCYCLES
RENTALS & SALES

3901 NW 16TH STREET
LAUDERHILL, FL 33311
TEL: (305) 587-6450
FAX: (305) 587-6452

October 9, 2003

State of Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO BOX 6327
Tallahassee, FL 32314-6327

Ref.: Document # H82260
FEI: 59-2262387

Dear Madam Secretary,

We at Moturis Inc would like to extended our apologies and ask for your understanding.

In September 01,2003, we sent our Annual Uniform Business Report with a Union Bank of Florida – check # 12470 as a payment. The correspondence probably gets lost in the mail.

Because of that, we ask you to PLEASE WAIVE ALL PENALTYS and active our status.

Thank you for your understanding in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Nubia Gullemann", written over a horizontal line.

Nubia Gullemann
General Manager