

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 10 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600040083596

08/11/04--01030--002 **908.75

DOCUMENT # L51024

1. Corporation Name

Morales & Company, Inc.

2. Principal Office Address

1700 SW 64 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

Miami-Dade

3. Mailing Office Address

1700 SW 64th Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

Miami-Dade

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0190311

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 Elliott Harris

Street Address (P.O. Box Number is Not Acceptable)

111 SW 3rd Street

Suite, Apt. #, Etc.

6th Floor

City

Miami,

State
FL

Zip Code

33130

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**

Elliott Harris

Date 8/9/04

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
PSD	G. David Morales	1700 SW 64th Ave.	Miami, FL 33155
VPTD	Teresita Morales	1700 SW 64th Ave.	Miami, FL 33155

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:

G. David Morales, Pres. 8/9/04 786-236-5755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E061 (01/04)