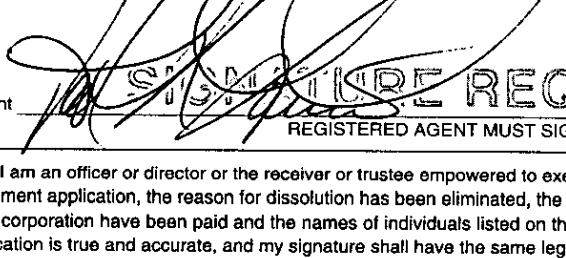


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000002890			
1. Corporation Name MO-EX CORPORATION			
Principal Place of Business Mailing Address 40720 HORSESHOE ROAD PUNTA GORDA FL 33955 40720 HORSESHOE ROAD PUNTA GORDA FL 33955			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least one officer)			
1	2	Name of Officers and/or Directors	Street Address of Each Officer and/or Director
D	BEACHAMP, JERRY		40720 HORSESHOE ROAD
8. Name and Address of Current Registered Agent			
LARROW, PAUL L 3501-302 DEL PRADO BLVD. CAPE CORAL FL 33904			Name Street Address (P.O. Box) Suite, Apt. #, Etc. City
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of a registered agent.			
 Signature of Registered Agent JERRY BEACHAMP SIGNATURE REQUIRED 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 the Florida Statutes. I further certify that the debts and obligations owed by the corporation have been paid and the names of individuals listed on this form do not qualify for reinstatement. I further certify that the information contained on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
JERRY BEACHAMP SIGNATURE REQUIRED President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

02 NOV 19 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida	01/10/2000	
5. FEI Number	65-0979877	Applied For Not Applicable
6.	\$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> for a Certificate of Status	

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CR2E040 (8/02)

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**

TURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/08/2002

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.

Jerry Beachamp
SIGNATURE REQUIRED *Jerry Beachamp* **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-12-02 941-543-1000