PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. IT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA 01 OCT 18 PM 12: 43 P00000028115 DOCUMENT # 1. Corporation Name MORA ARCHITECTURAL PARTNERSHIP, INC. Principal Place of Business Mailing Address 8200 S.W. 92ND AVENUE 8200 S.W. 92ND AVENUE MIAMI FL 33173 **MIAMI FL 33173** 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 275 FONTAIPE BLEAN Date Incorporated or Qualified To Do Business in Florida 275 FONTAINE BLEAD BUD 03/20/2000 5. FEI Number Applied For 65.1008889 City & State ity & State Not Applicable 6. \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director MORA, RICHARD P 8200 S.W. 92ND AVENUE **MIAMI FL 33173** 700004662497: -11/01/01--01035--023 \*\*\*\*150.00 \*\*\*\*150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent MORA, RICHARD P Street Address (P.O. Box Number is Not Acceptable) 8200 S.W. 92ND AVENUE **MIAMI FL 33173** Suite, Apt. #, Etc. Zip Code State 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. Signature of Registered Agen 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/01 305-228-6602





October 15, 2001

Florida Department of State Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

Re: Document # P0000002815

Corporation Name: Mora Architectural Partnership, Inc.

To whom it may concern:

Enclosed please find completed reinstatement form and check for the amount of \$150.00. We wish to maintain an "active" status of this corporation.

We had not received prior notifications by mail, this being the first time that such notice has been received.

Kindly reinstate this corporation.

Richard P. Mora

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