
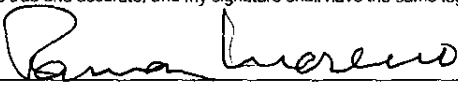


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 03 MAY -9 PM 2:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P01000022344					
1. Corporation Name Moreno, Inc. 4101 Pinetree Drive #621 Miami Beach, FL 33140					
2. Principal Office Address 4101 Pinetree Dr. Suite, Apt. #, etc. #621 City & State Miami Beach, FL Zip 33140 Country		3. Mailing Office Address 4101 Pinetree Dr. Suite, Apt. #, etc. #621 City & State Miami Beach, FL Zip 33140 Country		4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-1091811				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Ramon Moreno 900018675569 05/09/03--01057--023 ***301.00					
Street Address (P.O. Box Number is Not Acceptable) 4101 Pinetree Drive #621					
Suite, Apt. #, Etc.					
City Miami Beach				State FL	Zip Code 33140
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 _____					
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	
DP	Moreno, Ramon	4101 Pinetree Drive #621		Miami Beach, FL 33140	
DV	Moreno Mas, Alexis	4101 Pinetree Dr. #621		Miami Beach, FL 33140	
DT	Moreno, Ramon Sr.	4101 Pinetree Dr #621		Miami Beach, FL 33140	
DS	Moreno, Ramon III	4101 Pinetree Dr. #621		Miami Beach, FL 33140	
DVP	Munoz, Maura	4101 Pinetree Dr. #621		Miami Beach, FL 33140	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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					
Date				Daytime Phone #	

CR2ED01 (10/02)

5/19

April 26, 2003

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Moreno, Inc.  
P01000022344

Gentlemen:

It has come to our attention that we did not file the annual report for the year 2001. We did not receive the form due to a change of address.

Enclosed please find a check for \$300.00 and the restatement form. We are hereby requesting that you waive the late filing penalty.

Sincerely:

Ramon Moreno  
President

A handwritten signature in cursive script, appearing to read "Ramon Moreno", written over the printed name and title.