


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 03 FEB -4 AM 9:43

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 02/28/03--01057--003 \*\*908.75

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P01000048609**  
 1. Corporation Name  
**Morelli Development, Inc.**

2. Principal Office Address  
**351 EDGE AVE**  
 Suite, Apt. #, etc.

3. Mailing Office Address  
 Suite, Apt. #, etc.

City & State  
**VALPARAISO, FL**

City & State

Zip Country Zip Country  
**32580**

**REINSTATEMENT 02-03**

4. Date Incorporated or Qualified To Do Business in Florida **5-8-01**

5. FEI Number **59-3735229**  
 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

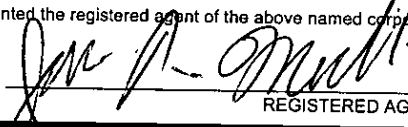
Name  
**JAMES A MORELLI**

Street Address (P.O. Box Number is Not Acceptable)  
**351 EDGE AVE**  
 Suite, Apt. #, Etc.

City  
**VALPARAISO**

State Zip Code  
**FL 32580**

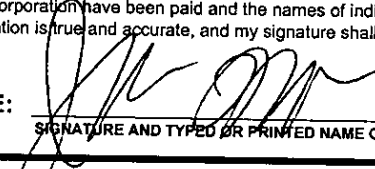
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date **2/4/03**

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
0	JAMES A. MORELLI	351 EDGE AVE VALPARAISO, FL 32580	
0	JOHN A. MORELLI	2113 SKYLINE DR MILPATIAS, CA 95035	

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **2/4/03** Daytime Phone # **850-729-7870**

CR2E081 (10/02)