


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.
 City & State
 VALPARAISO, FL
 Zip Country
 32580

3. Mailing Office Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

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

CR2E081 (10/02)