


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000043117		
1. Entity Name CESAR MORA, INC.		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAR 26 PM 12:40

Principal Place of Business 444 VERMONT STREET GREEN COVE SPRINGS, FL 30243	Mailing Address P.O. BOX 8039 FLEMING STREET, FL 32006
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2. Principal Place of Business - No P.O. Box # 1888 SUWANNEE RIVER DR.	3. Mailing Address 1888 SUWANNEE RIVER DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03222008 REIN-P CR2E098 (1/07)

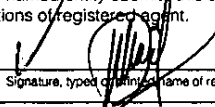
City & State ORANGE PARK, FL	City & State ORANGE PARK, FL
Zip 32003	Zip 32003
Country CLAY	Country CLAY

4. FEI Number 04-3648154	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MORA, MELBA 1888 SUWANNEE RIVER DR ORANGE PARK, FL 32073	
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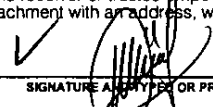
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: 	DATE: 3/22/08
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORA, CESAR 1888 SUWANNEE RIVER DR ORANGE PARK, FL 32073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORA, TAMARA 1211 GREEN COVE AVENUE GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORA, MELBA 1888 SUWANNEE RIVER DR ORANGE PARK, FL 32073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400121353604 03/26/08--01037--010 **308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE: 3/22/08
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	