


**2007 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

2007 OCT 23 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000090260			
1. Entity Name MORERIAS CORPORATION			
Principal Place of Business 1202 NORTH HIGHWAY 441 OCALA, FL 32601		Mailing Address 7272 WURZBACH ROAD SUITE 902 SAN ANTONIO, TX 78240	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
10092007		REIN-P CR2E098 (1/07)	
4. FEI Number 02-0639542		Applied For <input type="checkbox"/> No Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REGISTERED AGENTS LEGAL SERVICES, LLC 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301		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 <i>Denise Fowler</i>		DATE 10.10.07	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE			
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PURON, ABELARDO M 7272 WURZBACH ROAD SUITE 902 SAN ANTONIO, TX 78240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORALES, MA. ESTHER P 7272 WURZBACH ROAD SUITE 902 SAN ANTONIO, TX 78240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 30011189133 10/23/07--01013--015 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PONCE, LORENA M 7272 WURZBACH ROAD SUITE 902 SAN ANTONIO, TX 78240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FLORES, RUBEN JR 7272 WURZBACH ROAD SUITE 902 SAN ANTONIO, TX 78240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURON, ABELARDO M 7272 WURZBACH ROAD SUITE 902 SAN ANTONIO, TX 78240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORALES, MARIA E 7272 WURZBACH ROAD SUITE 902 SAN ANTONIO, TX 78240 <input type="checkbox"/> Delete	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: <i>[Signature]</i>		Asst. Mgr. 10/21/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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