

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 02, 2009
Secretary of State

DOCUMENT# P02000090260

Entity Name: MORERIAS CORPORATION

Current Principal Place of Business:

1202 NORTH HIGHWAY 441
OCALA, FL 32601

New Principal Place of Business:

Current Mailing Address:

7272 WURZBACH ROAD
SUITE 902
SAN ANTONIO, TX 78240

New Mailing Address:

FEI Number: 02-0639542 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: DENISE FOWLER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PURON, ABELARDO M
Address: 7272 WURZBACH ROAD SUITE 902
City-St-Zip: SAN ANTONIO, TX 78240 US

Title: VD () Delete
Name: MORALES, MA. ESTHER P
Address: 7272 WURZBACH ROAD SUITE 902
City-St-Zip: SAN ANTONIO, TX 78240 US

Title: S () Delete
Name: PONCE, LORENA M
Address: 7272 WURZBACH ROAD SUITE 902
City-St-Zip: SAN ANTONIO, TX 78240 US

Title: AS () Delete
Name: FLORES, RUBEN JR
Address: 7272 WURZBACH ROAD SUITE 902
City-St-Zip: SAN ANTONIO, TX 78240 US

Title: D () Delete
Name: PURON, ABELARDO M
Address: 7272 WURZBACH ROAD SUITE 902
City-St-Zip: SAN ANTONIO, TX 78240 US

Title: D () Delete
Name: MORALES, MARIA E
Address: 7272 WURZBACH ROAD SUITE 902
City-St-Zip: SAN ANTONIO, TX 78240 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBEN FLORES JR.

AS

12/02/2009

Electronic Signature of Signing Officer or Director

Date