


pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -9 PM 5:00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P03000139809**

1. Corporation Name
MORALES COMPANY

2. Principal Office Address
20 N Evergreen Av

3. Mailing Office Address
same

Suite, Apt. #, etc. **A**

City & State
Clearwater FL

Zip **33755** Country **USA**

REINSTATEMENT 04-06
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida **11/25/2003**

5. FEI Number **83-0379949**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **JOSE G MORALES**

Street Address (P.O. Box Number is Not Acceptable)
20 N Evergreen Av

Suite, Apt. #, Etc. **A**

City **Clearwater** State **FL** Zip Code **33755**

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05/23/06--01046--001 ***451.00

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]** Date **4-7-06**

REGISTERED AGENT MUST SIGN

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
P	JOSE G. MORALES	20 N Evergreen Av	Clearwater, FL 33755

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 contained in Chapter 119, 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.

JOSE G. MORALES

SIGNATURE: **[Signature]** Date **4-7-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Bl. Williams MAY - 4 2006

Pg 20 Fr

MORALES COMPANY
20 N EVERGREEN AVE A
CLEARWATER, FL 33755

DEAR CORPORATIONS OFFICER:

I, JOSE G MORALES, President and registered agent of MORALES COMPANY,
Stated that I did not receive the annual report notices.-Also, I fill out the reinstate form
with my new address. The former address was 806 Turner St, Clearwater, FL, 33756.

VERY TRULY YOURS,

Jose G Morales
4-6-06

JOSE G MORALES

Jairo Garcia 4-6-06

