

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 19 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD5000073270

1. Corporation Name

Morales Specialty Contracting, Inc.

2. Principal Office Address - No P.O. Box #

2669 Silver hill dr

3. Mailing Office Address

2669 Silver hill dr.

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

4

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32818

Country

U.S.A

Zip

32818

Country

U.S.A.

200146224662

03/19/09--01011--010 **450.00

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

202854239

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

Elba J. Morales

Street Address (P.O. Box Number is Not Acceptable)

2669 Silver hill dr

Suite, Apt. #, Etc.

4

City

Orlando

State

FL

Zip Code

32818

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Elba J. Morales Vice President

Date 3.17.09

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	Elba J. Morales	2669 Silver hill dr #4	Orlando, FL 32818
V.P	Paul S. Morales	2669 Silver hill dr #4	Orlando, FL 32818
V.P	Eddy M. Canahuete	2621 Silver hill dr #4	Orlando, FL 32818

REINSTATEMENT

RH

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.

SIGNATURE:

Elba Morales President Elba Morales

3.17.09

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date