2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000075238

1. Entity Name
MORANO BUILDING INC

FILED
07 AUG 14 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07

Principal Place of Business	Mailing Address
3152 GINGER CIR ORLANDO, FL 32826	3152 GINGER CIR ORLANDO, FL 32826

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
4310 YORKSHIRE LN.		4310 YORKSHIRE LN.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ORLANDO FL		City & State: ORLANDO FL	
Zip: 32812	Country: ORANGE	Zip: 32812	Country: ORANGE

4. FEI Number: 20-2893448 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORANO, MICHEAL S 3152 GINGER CIR ORLANDO, FL FL	Name: Michael Scott Morano Street Address (P.O. Box Number is Not Acceptable): 4310 YORKSHIRE LANE City: ORLANDO FL Zip Code: 32812

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: M.S. MORANO   8/13/07
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORANO, MICHEAL S 3152 GINGER CIR ORLANDO, FL 32826	☐ Delete	D/P MORANO, Michael Scott 4310 YORKSHIRE LANE ORLANDO, FL. 32812	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	300108191493 08/16/07--01029--007 **308.75	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: M S Morano   8/13/07   607/244-9949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #