Blofz

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 17y + FLORIDA DEPARTMENT OF STATE **CORPORATION** 08 MAR 31 AM 8: 36 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS JEUNLTARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # P05000142450 1. Corporation Name MORAVELL CONSULTANTS INC 3. Mailing Office Address 1835 W FLAGLER ST 2. Principal Office Address - No P.O. Box # 1835 W FLAGLER ST Suite, Apt. #, etc. Suite, Apt. #, etc. 201-268 201-268 Date Incorporated or Quali To Do Business in Florida City & State City & State MIAMI FLORIDA 5. FEI Number MIAMI FLORIDA Applied For 20-3754018 Not Applicable Zip 33135 Country Country USA 33135 S8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Name and Address of Current Registered Agent LUYO, LUIS The reinstatement fee is imposed, except in circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. MIAMI FL 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 **EUIS LUYO** Date 03-11-2008 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip PD' RAMON MORA 296 RACQUET CLUB R APT # 102 **WESTON FLORIDA 33326** 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 filling this reinstatement application, the leason 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 bee add and the names of individuals lis)60 ορ 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 regal effect as if made under oath.

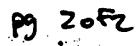
03/11/2008

954-708-6933

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORAT REINSTATEN	En LATES	Se	DEPARTMEN ecretary of S ION OF CORPOR		RA	5:50	ature	
DOCUMENT # P05000142450  1. Corporation Name						Om. V	7	
MORAVELL CONSULTANTS, INC								
2. Principal Office Address - No P.O. Box # 1835 W FLAGLER ST 183			3. Mailing Office Address 1835 W FLAGLER ST			CR2E081	i (1/07)	
Suite, Apt. #, etc. 201-268	Suite, Apt. #, etc. 201-268			Date Incorporated or Qualified     To Do Business in Florida				
City & State MIAMI	City & State MIAMI			20-3754018 Applied For Not Applicable				
<sup>Zip</sup> 33135	33135 Country Zi		33135 Country USA		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent								
LUIS LUYO					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			
Street Address (P.O. Boy Number is Not Acceptable)								
Suite, Apt. #, Etc.								
MAMI			State Zip Code FL		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						Date 03-27-2008		
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	Nome of			Street Address of Each Officer and/or Director		City / State / Zip		
PD RAM	RAMON MORA			296 RACQUET CLUB RD APT # 102			FLORIDA 33326	
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 filling 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 03-27-2008 954-708 693								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								