

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P32597

1. Corporation Name

Moran Industries, Inc.

2. Principal Office Address

4444 W. 147th Street

Suite, Apt. #, etc.

City & State

Midlothian, IL 60445

Zip

60445

Country

USA

3. Mailing Office Address

4444 W. 147th Street

Suite, Apt. #, etc.

City & State

Midlothian, IL 60445

Zip

60445

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/25/1991

5. FEI Number

36-3729569

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

The Prentice - Hall Corporation System, Inc.

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

400003496854-1

12/12/00 01042 008

***1050.00 ***1050.00

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

The Prentice-Hall Corporation System, Inc.
by: Margaret Pike, Asst. Secretary
REGISTERED AGENT MUST SIGN

Date 11-15-2000

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
CEO	Moran, Dennis D.	4444 W. 147th Street	Midlothian, IL 60445
CD	Moran, Dennis D.	4444 W. 147th Street	Midlothian, IL 60445
SD	Ploger, Barbara Moran	4444 W. 147th Street	Midlothian, IL 60445
D	Moran, Cecilia	4444 W. 147th Street	Midlothian, IL 60445

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 under section 119.07(3)(i), 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:

Barbara Moran Ploger

Barbara Moran Ploger, Secretary (708) 389-5922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/13/00 Daytime Phone #