

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 OCT 29 AM 9:01
LAWASSEE, FLORIDA

DOCUMENT # p93000036171

1. Corporation Name

Morar Enterprises Inc.

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

503 Alt 19

Suite, Apt. #, etc.

City & State

Palm Harbor

Zip

34683

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida 5/18/1993

5. FEI Number
593182686

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

Mehul Morar

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

1604 Gray Bark Dr

Suite, Apt. #, Etc.

City

Oldsmar

State

FL

Zip Code

34677

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

Mehul Morar

Date 10/27/08

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	MEHUL MORAR	1604 GRAY BARK DR	OLDSMAR, FL, 34677

900137432419
10/29/08--01034--001 **750.00

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: *Mehul Morar* MEHUL MORAR

10/27/08

Date

727-764-2327

Daytime Phone #

10/30/08