PLEASE READ A	ALL INSTRUCTIONS	S BEFORE CO	OMPLETING THIS FORM ALLES
APPLICATION APPLICATION	FLORIDA DEPARTME Sandra B. Mo		ANT TELL
FOR CISTOMENT	Secretary of	State	F full 4,7
REINSTATEMENT	DIVISION OF CORP	ORATIONS	97 DEC 17 AM 9:45
DOCUMENT # P93000040857 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Morning Son Developme	nt and Construc	ction, Inc.	11 11 11 11 11 11 11 11 11 11 11 11 11
Principal Place of Business	Mailing Address	19	1 4
1635 Coquina Dr. 1635 Coquina Dr. Merritt, Island, Merritt Island, Fl. Fl. 32952 32952		v · v	
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable	ugh incorrect information and ente		4 Outs become uted an Outstand
900 Dixon Blvd. Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Floring 3
City & State	City & State		5. FEI Number
Cocoa, Fl. 32922	Ziji Cour	htry	6. CERTIFICATE OF STATUS DESIRED STATUS OF STATUS DESIRED for a Cortificate of Status
7. Names and Street Addresses of Each Officer and/o	and the second of the second o	the second contract of	st 3 directors)
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director Use Post Office Box Nu	umbers) 4 City / State / Zip
Pres. Billy Joe Brewe	r 1635 (Coquina Dr	. Merritt Island, F132952
V.P. Same as above			
Tre. Same as above			900023806392 -12/23/97-01061-025 ***1088.75 ***1088.75
Sec. Same as above	-	n	EINSTATEMENT 95-94
			a. alaw
		• • •	12/17/97
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name			
Billy Joe Brewer 1635 Coquina Drive Merritt Island, Fl. 32952 Name Name Street Address (A. O. 1808 Number is Not Acceptable) 1635 Coquina Drive Suite Apl (Lic.			
1635 Coquina Drive 1635 Coquina Drive 1635 Coquina Drive Suite, April 1635 Coquina Drive			
Merritt Island, Fl. 32952 State Zip Code			
10. I, being appointed the registered agent of the above	o named corporation, am familiar	with and accept the obli	
Signature of Registered Agent Agent Agent Agent Must sign Date 12-16-97			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X			
12. 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 which filling this reinstalement 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 eath. CINTURE BIC W			
SIGNATURE: OSCILLAGO OS COLOR 12-6-97 407-453-52-48 SIGNATURE AND AFFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #			

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