

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 13 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P94000086941*

1. Corporation Name

MORAVAI CORPORATION

2. Principal Office Address

3. Mailing Office Address

330 CLEMATIS STREET

2542 FLAMANGO LAKE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WEST PALM BEACH, FL

WEST PALM BEACH, FL

Zip

Country

Zip

Country

33401

USA

33406

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/1994

5. FEI Number

650536858

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

MORALES, JOSE A.

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

330 CLEMATIS STREET

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33401

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

[Signature]

Date

1-9-04

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/D	<i>MORALES, JOSE A.</i>	<i>2542 FLAMANGO LAKE DR</i>	<i>WEST PALM BEACH, FL 33406</i>
S/D	<i>MORALES, DAISY</i>	<i>2542 FLAMANGO LAKE DR</i>	<i>WEST PALM BEACH, FL 33406</i>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-9-04

Daytime Phone #

561-371-7802

AFFIDAVIT

I, the undersigned, Jose A Morales, principal of MORAVAL CORPORATION,
hereby acknowledge that I did not receive the UBR form for the year 2002,
and the year 2003, due to the relocation of the corporation to its new
quarters in downtown West Palm Beach from Lake Worth, Florida.


Jose A Morales

Accounting Management Advisors, Inc.

Established Since 1968

Congress Square, Ste J

4175 South Congress Ave

Lake Worth, FL 33461

Tel (561) 357-8885 Fax (561) 357-9112

Trusts
Wills
Estates

Income Taxes
Accounting
Business Consulting

February 6, 2004

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Moraval Corporation - Document # P94000086941

Gentlemen:

Please find enclosed the corporation's check for \$ 150.00 to cover the current year's (2004) Florida Uniform Business Report.

In compliance with your request dated January 14, 2004, we have enclosed a declaration from the principal acknowledging non- receipt of the former Uniform Business Reports.

Yours truly,



George Louro.