PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			•		
400000000	FLORIDA I	DEPARTMENT OF STATE	FILED		
CORPORATION REINSTATEMENT	当してものない	ecretary of State	03050 31 511 5		
KEINSTATEMENT	DIVIS	ION OF CORPORATIONS	03 DEC 31 AM 8:57		
DOCUMENT # P95	-00000	7026	SECNE <i>TA</i> RY OF STATE TALLAHASSEE, FLORIDA		
1. Corporation Name MORGAN CONSTRUCTORS OF			FLORIDA		
MORGAN CON	STRUCTO	ors of			
TAMPA BAY, 1	NC -	. :			
, , , , , , , , , , , , , , , , , , ,					
2. Principal Office Address	3. Mailing Off	ice Address	REINSTATEMENT 02-03		
28424 OPENFIELD	-,	OPENPIELD LOOP	U después s.		
Suite, Apt. #, etc.	Suite, Apt. #, e	ic.	4. Date Incorporated or Qualified		
City & State	City & State		To Do Business in Florida		
	WESLE	V-CHAPEL PI	5. FEI Number Applied For Not Applicable		
Zip Country (15	A Zip	Country USA	6. CEPTIFICATE OF STATUS DESIDED (7) \$8.75 Additional Fee required		
33543 ASCO (0, 33543	Basco Ca-	for a Certificate of Status S		
Name	/. Na	ame and Address of Current Registe	ored Agent		
	MORGAN				
Street Address (P.O. Box N	lumber is Not Acceptable)	1000	500025892945		
28424-01 Suite, Apt. #, Etc.	MAPLED	LAOF	500025892945 12/31/0301048017 **30 8.76		
City		State Zip Code			
WESLEY CHATTL			FL 335/3		
8. I, being appointed the registered agen	t of the above named corpor	ation, am familiar with and accept the	obligations of section 607.0505 or 617.0503, F.S.		
Signature of Registered Agent Agent	Moravan	Date 12/22/03			
7.000 (or 1195)	REGISTERED AGE				
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 Eac Officer and/or Directo			
PRES, HAROLD D. MORGAN 28424-OFENERD LOW WESLEY CHAPER, FI 335					
PRES, GRAROLD D	MORGAN	2842A-01EN 19E	20 LOUP WESLEY CAMPED, F1338		
SEC MARY JEAN	MORGAN	28474 OF SIMBLE	LOOP WESLEY CHAPELFL 33543		
			·		
			007 047 F0 M 4 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
this reinstatement application, the rea	ason for dissolution has been	eliminated, the corporate name satisfie	s provided for in chapter 607 or 617, F.S. I further certify that when filing es the requirements of section 607,0401 or 617,0401, F.S., that all fees		
on this application is true and accurat	te, and my signature shall ha	ve the same legal effect as if made und	r an exemption under section 119.07(3)(i), F.S. The information indicated der oath.		
HAROL	D.D. MORGO	AN			
SIGNATURE: 2/20/03 8/3 933-6768 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

MEMORANDUM	
TO DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 323/4 DATE	FROM FROM FROM FROM FROM FROM SUBJECT SUBJECT
WE NEVER RECEIVED FO	REINSTATEMENT MESSAGE MESSAGE MESSAGE MESSAGE MESSAGE MOTICES FOR 2002 \$2003 -
WE ARE SENDING THE RI AND A CHECK TO COVE SHOULD ANYTHING BE LET US KNOW-	R THE FEES-
•	THANKS VERY MUCH- buoll Denorgo, FRES.

Memorandum

_ NO REPLY NECESSARY_

PLEASE REPLY BY________Adams