

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 15 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

995000063882

**1. Corporation Name**

MORALES BUILDINGS, INC.

**2. Principal Office Address**

1030 SW 2nd Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33130

Country

USA

**3. Mailing Office Address**

1030 SW 2nd Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33130

Country

USA

REINSTATEMENT 02-03

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

8/17/1995

**5. FEI Number**

650637641

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

Alan C. Gold, Esquire

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

1320 South Dixie Highway

Suite, Apt. #, Etc.

Suite 870

City

Coral Gables

State

FL

Zip Code

33146

**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

REGISTERED AGENT MUST SIGN

Date

8/4/03

**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	Nestor M. Morales	7701 SW 118 Street	Miami, FL
ST	Diane Davis	2139 SW 22 Trail	Miami, FL

**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

8-4-03

Daytime Phone #

3052301100

CR2E081 (10/02)

9/15