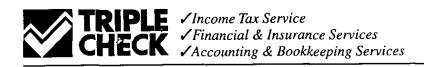
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State FILED DIVISION OF CORPORATIONS DOCUMENT # P97000019189 00 NOV -6 PM 4:21 1. Corporation Name MORAN REPORTING, INC. SECRETARY OF STATE. Principal Place of Business Mailing Address P.O. BOX 10702 3633 ABBY LANE JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32247 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-3430944 City & State City & State Not Applicable l Fee required le of Status Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers City / State / Zip Officer and/or Director Title(s) and/or Directors (Do NOT Use Post Office Box Numbers) **PSTD** JACKSONVILLE, FL 32207 MORAN, TERRY 3633 ABBY LANE JACKSONVILLE, FL 32216 7124NN. HOLIDAY ROAD MORAN, KENNETH ۷P 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name TERRY MORAN TERRY MORAN Street Address (P.O. Box Number is Not Acceptable) 7124 N. HOLIDAY ROAD 3633 ABBY LANE JACKSONVILLE, FL 32216 Suite, Apt. #, Etc. City 32207 **JACKSONVILLE** 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent main REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032. Florida Statutes. Yes 12. Learlify that Lam 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 filling 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. 11/02/w (904)396-725 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



320 Osceola Avenue Jacksonville Beach, FL 32250 Phone 904/241-2533 Fax: 904/241-1604 www.triplechecktax.com

October 13, 2000

Division of Corporations Annual Reports Filing Post Office Box 6327 Tallahassee, FL 32314

> Re: Profit Corporation-Annual Report Document P97000019189 – Moran Reporting, Inc.

Dear Sir/Madam,

Please see the attached Application for Reinstatement for our client listed above. We are requesting a waiver of the late fee and ask that you accept the enclosed application. We have been advised that you have a credit of \$150 from the previous request to file.

Ms. Moran, President of the above Corporation, did not receive her first report for the 2000 registration period. The Post Office was not delivering mail as it should be. She has reported the problem to the Post Master and is seeking resolution. She brought this to our attention and attempts were made late in the year to get the late fees waived. Upon calling your department, we were advised to forward the reinstatement application to match the payment received by your office. Ms. Moran has always been very conscientious about forwarding all government paperwork to us and paying all yearly fees timely.

Thank you for your help and consideration with this matter. Please contact me if you have any questions or concerns.

Sincerely,

Jeffrey S. McBride

Enclosure: Application for Reinstatement 2000