

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JAN 29 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000049937

1. Corporation Name

MOREAL, INC.

2. Principal Office Address

2340 S.W. 32 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33145

Country

U.S.A.

3. Mailing Office Address

2340 S.W. 32 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33145

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

06-02-1998

5. FEI Number

650860983

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

ALDO ALCANTARA.

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

184 S. Hibiscus Dr.

Suite, Apt. #, Etc.

City

Miami Beach, FL 33139

State

FL

Zip Code

33139

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]

REGISTERED AGENT MUST SIGN

Date

1/23/2002

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 | ALDO ALCANTARA | 184 S. Hibiscus Dr. | Miami Beach, FL 33139 |
| S | ALDO ALCANTARA | 184 S. Hibiscus Dr. | Miami Beach, FL 33139 |
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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

1/23/2002

Daytime Phone #

CR2E081 (8/01)