

**APPLICATION FOR REINSTATEMENT**



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

FILED

01 MAR 23 PM 3: 32

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000104918**

1. Corporation Name  
**MORAGHOT, INC.**

Principal Place of Business	Mailing Address
345 NIGHTINGALE STREET KEYSTONE HEIGHTS FL 32656	345 NIGHTINGALE STREET KEYSTONE HEIGHTS FL 32656



**REINSTATEMENT** *00-01*

\*If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/03/1999 <b>SP</b>	
City & State		City & State		5. FEI Number	
Zip		Country		59-3611453	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	TULLIUS, NAPAPORN	345 NIGHTINGALE STREET	KEYSTONE HEIGHTS FL 32656

~~900003953248-8~~  
~~-04/03/01-01063-006~~  
 \*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
TULLIUS, NAPAPORN 345 NIGHTINGALE STREET KEYSTONE HEIGHTS FL 32656		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
		City	State	Zip Code	

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: *[Signature]* **SIGNATURE REQUIRED** Date: *Nov. 2nd 2000*

REGISTERED AGENT MUST SIGN

11. 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.

*NAPAPORN TULLIUS*

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Date: *Nov. 2nd 2000* 552-473-9396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/00)