

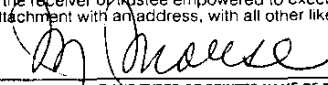


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S21384 1. Entity Name MORSE BUILDERS, INC.						FILED 07 OCT -12 AM 10:32 TALLAHASSEE, FLORIDA 			
Principal Place of Business PO BOX 5889 KEY WEST, FL 33045-2889				Mailing Address PO BOX 5889 KEY WEST, FL 33045-2889					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		10102007 REIN-P CR2E098 (1/07)		4. FEI Number 65-0232506		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Zip		Country		6. Name and Address of Current Registered Agent	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		7. Name and Address of New Registered Agent	
Zip		Country		Zip		Country		Name	
Zip		Country		Zip		Country		Street Address (P.O. Box Number is Not Acceptable)	
Zip		Country		Zip		Country		City	
Zip		Country		Zip		Country		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____									
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00									
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.									
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE PS NAME MORSE, ROGER B <input type="checkbox"/> Delete STREET ADDRESS 4 AQUAMARINE DR CITY-ST-ZIP KEY WEST, FL					TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE VP NAME MORSE, MARTHA <input type="checkbox"/> Delete STREET ADDRESS 4 AQUAMARINE DR CITY-ST-ZIP KEY WEST, FL					TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 300110749095 STREET ADDRESS 10/12/07--01075--002 **150.00 CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP					TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP					TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP					TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: 					10/10/07 (305) 294-0811				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Date Daytime Phone #				