

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S46145**

1. Corporation Name

MOORHEAD ASSOCIATES, INC.

Principal Place of Business

2571 VERNON DRIVE, NE
PALM BAY FL 32905
US

Mailing Address

2571 VERNON DRIVE NE
PALM BAY FL 32905
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/1991

5. FEI Number

59-3056840

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MOORHEAD, ANN	2571 VERNON DRIVE, NE	PALM BAY FL
D	MOORHEAD, TED	2571 VERNON DRIVE, NE	PALM BAY FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOORHEAD, ANN
2571 VERNON DRIVE, NE
PALM BAY FL 32905

Name

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

Suite, Apt. #, Etc.

City

State
FL Zip Code

CR2040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Ann Moorhead
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11-12-02**

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.

SIGNATURE: Ted Moorhead
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-11-02 321-728-2031

Date

Daytime Phone #

MOORHEAD ASSOCIATES INC
2571 Vernon Drive NE
Palm Bay, Florida 32905
321-723-2031
moorhead@iu.net

11 November 2002

Florida Department of State
Division of Corporations

Please find enclosed the filing fee for reinstatement of Moorhead Associates Inc. We did not receive the two prior uniform business reports (UBR). Thank you for your consideration.

Sincerely,



Ted Moorhead
Ted Moorhead, Director