

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



900009034779
11/15/02--01094--036 **150.00

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

04/16/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3056840

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

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

Chris 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

Date

Daytime Phone #

CR2ED40 (8/02)

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, Director