

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

AND FILED

96 NOV 25 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M 03585

1. Corporation Name

MORNING SUN REALTY INC

Principal Place of Business

Mailing Address

2 OFFICE PARK DRIVE, SUITE A  
PALM COAST, FL. 32137

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

JUNE 2 1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-28932

Applied For

NOT Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	MICHAEL MALCOLM-SMITH	7 CARR LANE, PALM COAST	PALM COAST FL 32137
			700002017127--1 -12/02/96--01041--019 ****583.75 ****583.75

REINSTATEMENT 1996

Patton  
11-25-96

8. Name and Address of Current Registered Agent

MICHAEL MALCOLM-SMITH  
7 CARR LANE  
PALM COAST, FL. 32137

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-21-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on Intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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

M. MALCOLM-SMITH

Date

Daytime Phone

11-21-96 904 446100

CR 2000 (12/95)