

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000012779

1. Corporation Name

TIMOTHY P. MORRISSEY CORP.

Principal Place of Business

Mailing Address

3512 OKEECHOBEE ROAD  
SUITE 5  
FORT PIERCE FL 34947

1188 COMMODORE COURT  
HUTCHINSON ISLAND FL 34949



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.		01/30/2002	
City & State		City & State		5. FEI Number	
				71-0866015	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				<input checked="" 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MORRISSEY, TIMOTHY P	1188 COMMODORE COURT	HUTCHINSON ISLAND FL 34949

900023921099  
10/17/03--01094--004 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORRISSEY, TIMOTHY P  
3512 OKEECHOBEE ROAD  
SUITE 5  
FORT PIERCE FL 34947

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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: Timothy P. Morrissey Date: 10-14-03  
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)(j), 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: Timothy P. Morrissey Date: 10-14-03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (7/03)

November 15, 2003

1188 Commodore Court  
Suite 101  
Hutchinson Island, Florida  
34949

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL  
32314-6327

To Whom It May Concern:

As per the "Important Facts" page, I am writing to tell you that I have never received the two prior notices for payment on this Corporation, Document # P02000012779, and am enclosing a check for the sum of \$150.00 for reinstatement.

Since the place of business address has a community mail-box which has been pilfered many times and consequently been broken, many occupants of the offices have lost mail. Please be sure to send all mail to Timothy P. Morrissey, at 1188 Commodore Court, Suite #101, Hutchinson Island, Florida, 34949.

Thank you for your understanding and cooperation in this matter.

Sincerely yours,

  
Timothy P. Morrissey

President

TIMOTHY P. MORRISSEY CORP.