

2018 FOR PROFIT CORPORATION REINSTATEMENT

10/2

FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA

18 OCT -1 AM 11:40

DOCUMENT # P17000083330



1. Entity Name
MORGAN ENTERPRISES GROUP, CORP.

Principal Place of Business 3808 SWANS LANDING DR. LAND O' LAKES, FL 34639 US	Mailing Address 3808 SWANS LANDING DR. LAND O' LAKES, FL 34639 US
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100319319301
10/04/18--01001--001 **550.00



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			

10032018 REIN-P CR2E098 (12/11)

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAMOS, JOSE S 2344 CRESTOVER LN WESLEY CHAPEL, FL 33544	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 See Attached (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2019, Fee will be \$900.00

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P/D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORGAN, STEVEN			NAME			
STREET ADDRESS	3808 SWANS LANDING DR.			STREET ADDRESS			
CITY - ST - ZIP	LAND O' LAKES, FL 34639			CITY - ST - ZIP			
TITLE	S/T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORGAN, COREEN			NAME			
STREET ADDRESS	3808 SWANS LANDING DR.			STREET ADDRESS			
CITY - ST - ZIP	LAND O' LAKES, FL 34639			CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORGAN, CHRISTOPHER			NAME			
STREET ADDRESS	3808 SWANS LANDING DR.			STREET ADDRESS			
CITY - ST - ZIP	LAND O' LAKES, FL 34639			CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORGAN, JASON			NAME			
STREET ADDRESS	3808 SWANS LANDING DR.			STREET ADDRESS			
CITY - ST - ZIP	LAND O' LAKES, FL 34639			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				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: See Attached DATE _____ E-MAIL ADDRESS _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS

DO NOT WRITE IN THIS SPACE

2 of 2

DOCUMENT # **PT1000083330**

1. Entity Name

MORGAN ENTERPRISES GROUP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

3808 SWANS LANDING DR
Suite, Apt. #, etc

3. Mailing Address

Suite, Apt. #, etc

CR2E034B (11/08)

City & State

LAND O' LAKES FL

City & State

4. FEI Number

82-3197539

Applied For

Not Applicable

Zip

34639

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JOSE RAMOS

Street Address (P.O. Box Number, if applicable)

2344 CRESTVIEW LN

City

WESLEY CHAPEL FL

Zip Code

33544

DO NOT WRITE IN THIS SPACE

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

JOSE RAMOS

9-21-18

DATE

January - May: Fee is \$150.00
After May - Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

STEVEN MORGAN PRES
3808 SWANS LANDING DR
LAND O' LAKES, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

COZEE MORGAN SEC

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CHRISTOPHER MORGAN VP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

JASON MORGAN VP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

[Signature]

DO NOT WRITE IN THIS SPACE

SIGN ONLY

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SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-21-18 813-907-0935

DATE

PHONE NUMBER