

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

**FILED**

99 JAN 12 AM 10:03

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000065173**

1. Corporation Name  
**MORPHIL CORPORATION**

|  |  |
|--|--|
| Principal Place of Business<br>999 WASHINGTON AVENUE<br>MIAMI BEACH FL 33139 | Mailing Address<br>999 WASHINGTON AVENUE<br>MIAMI BEACH FL 33139 |
|--|--|



**REINSTATEMENT** 98-99

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

|   |   |  |
|---|---|--|
| 2. New Principal Office Address, If Applicable<br><b>11190 BISCAYNE BLVD</b><br>Suite, Apt. #, etc. | 3. New Mailing Office Address, If Applicable<br><b>11190 BISCAYNE BLVD</b><br>Suite, Apt. #, etc. | 4. Date Incorporated or Qualified To Do Business in Florida<br><b>07/29/1997</b> |
| City & State<br><b>MIAMI, FL</b>  | City & State<br><b>MIAMI, FL</b>  | 5. FEI Number<br><b>650776705</b>  |
| Zip<br><b>33181</b>   | Country<br><b>USA</b>   | Country<br><b>USA</b>  |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>   |   | Applied For<br>Not Applicable  |

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip   |
|----------|-----------------------------------|---|--|
| DP       | ESFORMES, MORRIS                  | 3737 WEST ARTHUR AVENUE   | LINCOLNWOOD IL 60645   |
| DP       | MICHEL, JACK J.                   | 7031 SW 62 AVENUE   | SOUTH MIAMI, FL 33143  |
| DS       | ESFORMES, PHILIP                  | 3737 WEST ARTHUR AVENUE   | LINCOLNWOOD IL 60645   |
|          |                                   |   | 4000002747354--1<br>-01/20/99--01030--011<br>****900.00 ****900.00 |

|  |   |
|--|---|
| 8. Name and Address of Current Registered Agent<br><b>WASSERMAN, MARTIN W</b><br>999 WASHINGTON AVENUE<br>MIAMI BEACH FL 33139 | 9. Name and Address of New Registered Agent<br>Name<br><b>JACK J. MICHEL</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>7031 SW 62 AVENUE</b><br>Suite, Apt. #, Etc.<br>City<br><b>SOUTH MIAMI</b><br>State<br><b>FL</b><br>Zip Code<br><b>33143</b> |
|--|---|

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: **SIGNATURE REQUIRED** Date: **12/16/98**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: **SIGNATURE REQUIRED** Date: **12/16/98** Daytime Phone #: **(305) 284-7700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (9/98)