

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
*99 AP*  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 20 PM 1:03

DOCUMENT # 372717

1. Corporation Name

ALL-SHORES CONST. AND SUPPLY CO., INC.

Principal Place of Business

Mailing Address

413 LINCOLN AVENUE  
CAPE CANAVERAL FL 32920

413 LINCOLN AVENUE  
CAPE CANAVERAL FL 32920

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/16/1970

5. FEI Number

59-1310811

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MORGAN, JAMES E	413 LINCOLN AVE.	CAPE CANAVERAL FL 32920
ST	MORGAN, VIRGINIA G	413 LINCOLN AVE.	CAPE CANAVERAL FL 32920

700003027317--4

10/28/99 01062-014

\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

MORGAN, JAMES E  
413 LINCOLN AVENUE  
CAPE CANAVERAL FL 32920

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

*James E. Morgan*  
JAMES E. MORGAN  
REGISTERED AGENT MUST SIGN

Date 10-18-99

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:

*James E. Morgan Pres.*  
JAMES E. MORGAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-99  
Date

(407) 286-0024  
Daytime Phone #

ORC2040 (8/99)

State of Fla Dir of Corp  
Reinstatements

10-18-99

To Whom it may; (Reinstatements)  
Please be advised I did not receive  
a renewal form, and am aware that  
it is my responsibility to get a  
duplicate if I do not receive the form  
by feb each year. I am asking for  
a one Time exemption or extension  
enclosed is my check in the amount  
of 150.<sup>00</sup> for each incorporation (per Kathy)

Region of Brevard County Inc +1,50.<sup>00</sup>  
Ch# 1012 dated 10-15-99

all Shores Const. and Supply Co Inc.  
+150.<sup>00</sup> dated 10-18-99 ch# 0471

Please note the reinstatement notices  
are the only ones I have received.

Thank you for your  
Coordination

James E. Morgan Sr & Assoc  
Po Jones

Pres of all Shores Const Co.  
James E. Morgan