PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATI REINSTATEM DOCUMENT	ENT #	Secreta DIVISION OF	RTMENT OF STATE ITY of State CORPORATIONS	·	O3 NOV 24 SECRETARY TALLAHASSE	AM 8: 56	
1. Corporation Name	MORGAN A	SSOCIATE 3. Malling Office Addres 180 CANA Suite, Apt. #, etc. SUITE 100 City & State	ESS AL VIEW BLYDE	4. Date Incorr To Do Bus 5. FEI Number	POTATENTE OF Qualified of iness in Florida	NT_00- 6/22/197	plicable required
7. Name and Address of Current Registered Agent							
Name							
8. I, being appointed the registered agent of the above named corresponding, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Registered Agent MUST SIGN							
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea							
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City	/ State / Zip	
PASSIDENT DE	NT DANIELJ. MORGAN		306 BEACH AVE		ROCHES	TER NY 14	612
SECRETARY CH	WESTMINSTE	ROAD	ROCHESTER	2, Nº 146	07		
				<u>. </u>	<u></u>		_
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10. 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daylime Phone # 555 (221 - 4724)							