

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 28 PM 5:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 852538

1. Corporation Name

MORGAN, KEEGAN & COMPANY, INC.

Principal Place of Business

Mailing Address

50 FRONT STREET
MEMPHIS TN 38103

50 FRONT STREET
MEMPHIS TN 38103



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

04/12/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

64-0474907

Applied For

Not Applicable

City & State

City & State

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
CDP	MORGAN, ALLEN B	487 GOODWYN	MEMPHIS TN
D	DEUPREE, WILLIAM W. JR.	2908 NATCHEZ	MEMPHIS TN
SD	GOOCH, ROBERT D., JR.	2900 GARDEN LANE	MEMPHIS TN
TD	WELLER, JOSEPH C	857 BEAU PRE	MEMPHIS TN
D	STOKES, JOHN W., JR	108 E. CHICKASAW PKWY.	MEMPHIS TN

REINSTATEMENT 99 TB

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

900003035609-2

-11/04/99--01095--012

***750.00 ***750.00

State

Zip Code

10. I, being appointed the registered agent of the named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

John J. Linnick, Bst. V.P.
REGISTERED AGENT MUST SIGN

Date October 20, 1999.

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)(l), 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

Joseph C. Weller

10/15/99

Date

901-524-4100

Daytime Phone #