

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 852538

1. Corporation Name

MORGAN, KEEGAN & COMPANY, INC.

Principal Place of Business

50 FRONT STREET
MEMPHIS TN 38103

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/1982

5. FEI Number

64-0474907

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

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8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

900003035608-2

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

****750.00 ****750.00

State

Zip Code

FL

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. Linn, 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)(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

Joseph C. Weller

10/15/99

Date

901-524-4100

Daytime Phone #