1 of 2

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 NOV -6 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name
MORRIS & MCDANIEL, INC.
F01000006065

REINSTATEMENT 03

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 117 S. SAINT ASAPH ST. | 117 S. SAINT ASAPH ST. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: ALEXANDRIA, VA. | City & State: ALEXANDRIA, VA. |
| Zip: 22314 Country: USA | Zip: 22314 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 11/20/2001

5. FEI Number: 64-0595753 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $9.75 Additional Fee required for a certificate of status

7. Name and Address of Current Registered Agent

Name: CT Corporation Sytem

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Connie Brian SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date: 11/6/03

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

| Titles | Name of Officers and/or Director | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| P | DAVID M. MORRIS | 117 S. SAINT ASAPH ST. | ALEXANDRIA, VA. 22314 |
| VP | JOSEPH F. NASSAR | 117 S. SAINT ASAPH ST. | ALEXANDRIA, VA. 22314 |
| | | | |
| | | | |
| | | | |
| | | | |

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: Joseph F. Nassar 11/6/03 703-836-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E031 (01/03)

# Florida Department of State

Division of Corporations
Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000312124 3)))

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

# CORPORATION REINSTATEMENT

## MORRIS & MCDANIEL, INC.

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | $758.75 |

Electronic Filing Menu  Corporate Filing  Public Access Help