

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

00 NOV -8 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F51414**

1. Corporation Name

**MARK W. MORRIS, M.D., P.A.**

Principal Place of Business

MORRIS, MARK W.  
1800 - 9TH STREET NORTH  
ST. PETERSBURG FL 33704

Mailing Address

MORRIS, MARK W.  
1800 - 9TH STREET NORTH  
ST. PETERSBURG FL 33704

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

11/01/1981

5. FEI Number

59-2134639

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
DPS	MORRIS, MARK W	1800 9TH STREET N	ST PETERSBURG FL 33704

400003456384--7  
-11/07/00--01139--004  
\*\*\*2400.00 \*\*\*\*\*750.00

8. Name and Address of Current Registered Agent

MORRIS, MARK W.  
1800 - 9TH STREET NORTH  
ST. PETERSBURG FL 33704

9. Name and Address of New Registered Agent

Name

**REINSTATEMENT** 2000

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

*Mark Morris* **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10-25-00

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:

*Mark Morris* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-00 727-821-2121  
Date Daytime Phone #

CR2ED40 (8/00)