

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 19 PM 12:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F94000005520

1. Corporation Name

THE MORGAN GROUP OF SOUTH FLORIDA, INC.

Principal Place of Business

9801 WESTHEIMER ROAD, STE 1100
HOUSTON TX 77042

Mailing Address

9801 WESTHEIMER ROAD, STE 1100
HOUSTON TX 77042



REINSTATEMENT 9600

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

10/25/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

78-0197035

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPT	MORGAN, I. RONALD	3300 S. GESSNER, SUITE 100. 9801 Westheimer Suite 1100	HOUSTON TX 77042-77042
DVS	MORGAN, MICHAEL S	3300 S. GESSNER, SUITE 100 9801 Westheimer Suite 1100	HOUSTON TX 77042-77042

900002009469--5
-11/20/96-01031-010
***375.00 ***375.00

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

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 607.0506, F.S.

Signature of
Registered Agent

Barbara A. Burke EQUINE BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

11-15-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

11/8/96

Daytime Phone #