

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F94000005998

1. Corporation Name

MORRISON INTERNATIONAL, INCORPORATED

Principal Place of Business

Mailing Address

2201 CANTU COURT
115
SARASOTA FL 34232
US

2201 CANTU COURT
115
SARASOTA FL 34232
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

98

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/1994

5. FEI Number

25-1664546

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
CD	MORRISON, ROBERT J DR	2201 CANTU COURT, SUITE 115	SARASOTA FL
D	ROSEN, EDWARD H	2201 CANTU COURT, SUITE 115	SARASOTA FL
CEO	EDWARDS, JOHN L	2201 CANTU COURT, SUITE 115	SARASOTA FL
PTD	MORRISON, JAMES W	2201 CANTU COURT, SUITE 115	SARASOTA FL
D	CANTELL, RONALD	2201 CANTU COURT, SUITE 115	SARASOTA FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EDWARDS, JOHN L
2201 CANTU CT
SUITE 115
SARASOTA FL 34232

Name

James W. Morrison

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

2201 Cantu Ct,

Suite, Apt. #, Etc.

City

Suite 115

Sarasota,

State

FL

Zip Code

34232

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date November 12, 1998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 12, 1998

Date

Daytime Phone #

941-379-9899

CR2E040 (6/98)