

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

97 FEB -3 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000006681**

1. Corporation Name

MORCAP, INC.

Principal Place of Business

Mailing Address

880 CARRILLON PKWY.
P.O. BOX 12749
ST. PETERBURG FL 33733-2749
US

880 CARILLON PKWY.
P.O. BOX 12749
ST. PETERSBURG FL 33733-2749
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

4. Date incorporated or Qualified
To Do Business in Florida

12/29/1994

5. FEI Number

58-2142156

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	COBB, DAVID W	7000 CENTRAL PKWY, STE 1570	ATLANTA GA
PD	DANIEL ROY-B BROUILLARD, BRIAN	7000 CENTRAL PKWY, STE 1570 7000 CENTRAL PKWY STE 1570	ATLANTA GA
S	STEINBACH, KATHERINE M. D SPEARS, DOYLE	7000 CENTRAL PKWY, STE 1570	ATLANTA GA
YT	ZIMMERMAN, LORRAINE Z	7000 CENTRAL PKWY., STE. 1570	ATLANTA GA
D	DAVENPORT, MOSBY J	880 CARILLON PKWY.	ST. PETERSBURG FL
AT	ZANK, DENNIS W	880 CARILLON PKWY.	ST. PETERSBURG FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

300002079029--2

02/05/97-01072-014

***375.00 ***375.00

FL

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

Mary R. Adams

REGISTERED AGENT MUST SIGN

Mary R Adams, ASST. Secy.

Date 11/08/96

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)(l), 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:

Lorraine Zimmerman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LORRAINE ZIMMERMAN

11/7/96

Date

Daytime Phone #

CR2E040 (7/96)