

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **F95000002296**

1. Corporation Name

**MORTON'S OF CHICAGO/ORLANDO, INC.**

Principal Place of Business

DR. PHILLIPS MKT. PLACE  
7600 DR. PHILLIPS BLVD.  
ORLANDO FL 32819  
US

Mailing Address

350 WEST HUBBARD STREET  
SUITE 610  
CHICAGO IL 60610  
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

05/10/1995

**SP**

5. FEI Number

56-1838091

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 3	City / State / Zip 4
VSTD	BALDWIN, THOMAS J	3333 NE WHYDE PARK RD., STE 210	NEW HYDE PARK NY
PD	BETTIN, JOHN T	350 HUBBARD ST	CHICAGO IL 60610
AS	WAGNER, E. NICHOLAS	350 W HUBBARD # 610	CHICAGO IL 60610

500004670845--4  
-11/07/01--01040--027  
\*\*\*\*750.00 \*\*\*\*750.00

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

**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

*James M. Halpin*  
**SIGNATURE REQUIRED**

**James M. Halpin**  
Assistant Secretary

Date

10/17/01

REGISTERED AGENT MUST SIGN

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:

*Nicholas Wagner*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicholas Wagner, Asst. Secretary 10/17/01

Date

Daytime Phone #

312-  
923-  
0030

CR2E040 (8/01)