

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN -6 PM 3:27

DOCUMENT # F96000001757

1. Corporation Name

G.K. MORRISON, INC.

Principal Place of Business

Mailing Address

7326 LAKE WORTH RD  
LAKE WORTH FL 33467

7326 LAKE WORTH RD  
LAKE WORTH FL 33467



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 00-01

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. 701 NE 206 TERR		Suite Apt. #, etc. 701 NE 206 TERR		04/04/1996	
City & State MIAMI, FL		City & State MIAMI, FL		5. FEI Number 04-3082700	
Zip 33179		Country USA		Applied For Not Applicable	
Zip 33179		Country USA		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DCPV	MORRISON, GEOFFREY K	701 NE 206TH TERRACE	NORTH MIAMI FL
ST	MORRISON, GEOFFREY K	701 NE 206TH TERRACE	NORTH MIAMI FL
			100004435031--1 -06/21/01--01034--025 ****158.75 ****158.75
			100004435031--1 -06/21/01--01034--026 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
RATFIELD, LOUIS W 7326 LAKE WORTH RD LAKE WORTH FL 33467		Name Louis W. Ratfield Street Address (P.O. Box Number is Not Acceptable) 7318 LAKE WORTH RD Suite, Apt. #, Etc. City LAKE WORTH State FL Zip Code 33467	

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] **SIGNATURE REQUIRED** Date 3.6.01

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: [Signature] **SIGNATURE REQUIRED** Date 4.30.01 786 325 3733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #