


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96952			
1. Corporation Name D & S MORGAN CORPORATION			
2. Principal Office Address 16410 BLUE WHETSTONE LANE Suite, Apt. #, etc. City & State ODESSA, FL Zip 33556 Country US		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country	

FILED

04 SEP 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700041606137
10/05/04--01040--004 **300.00

REINSTATEMENT

03-04

4. Date Incorporated or Qualified To Do Business in Florida 08/25/1982	
5. FEI Number 592224389	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name SEVAL G. MORGAN		
Street Address (P.O. Box Number is Not Acceptable) 16410 BLUE WHETSTONE LANE		
Suite, Apt. #, Etc.		
City ODESSA	State FL	Zip Code 33556

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent <i>Seval G Morgan</i>		Date 09-23-04	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V	BERND HILDEBRAND	16410 BLUE WHETSTONE LANE	ODESSA, FL 33556
PDS	SEVAL G. MORGAN	16410 BLUE WHETSTONE LANE	ODESSA, FL 33556
10. 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: <i>Seval G Morgan</i>		09-23-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (01/04)

6

2 of 2

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314


TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT FORM FOR THE YEARS OF 2003 & 2004 FROM YOUR OFFICE TO PAY THE UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,


SEVAL G. MORGAN
PRESIDENT