


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION
OR
 REINSTATEMENT



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

DOCUMENT # **F97000005851**

1. Corporation Name
WES MORGAN CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
105 JEFFERSON STREET NEWARK OH 43055	105 JEFFERSON STREET NEWARK OH 43055

FILED
 01 NOV 26 PM 5:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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

4. Date Incorporated or Qualified To Do Business in Florida	11/04/1997
5. FEI Number	31-1265501
<input type="checkbox"/> 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. 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	4. City / State / Zip
PCD	MORGAN, WES	105 JEFFERSON STREET 17222 Alico Ct Rd Ste 1	NEWARK OH 43055 Fort Myers, FL 33912
DWC	MORGAN, F. M	105 JEFFERSON STREET 17222 Alico Ct Rd Ste 1	NEWARK OH 43055 Fort Myers, FL 33912
V	Greg Hutt	105 Jefferson Street	Newark, OH 43055
T	Stickdorn, Debbie	105 Jefferson	Newark, OH 43055
			<i>OLURR TO</i>

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name: **Stacie Thompson**
 Street Address (P.O. Box Number is Not Acceptable): **17222 Alico Ct. Rd.**
 Suite, Apt. #, Etc.: **Suite 1**
 City: **Fort Myers** ~~60000471 State 2466~~
 Date: **12/10/01** ~~FD11163910~~
 ***150.00 ***150.00

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: *Stacie Thompson* **SIGNATURE REQUIRED**
 REGISTERED AGENT MUST SIGN
 Date: **10-23-01**

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: *Stacie Thompson* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **10/19/01** Daytime Phone #: **(941) 590-9300**

CR2ED40 (8/01)

**Wes Morgan
Construction, Inc.**

105 Jefferson St.
Newark, Ohio 43055

20FL

October 17, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Reinstatement Division;

I am writing this request to waive the \$600.00 reinstatement fee. Our company is new to the state and did not know to file the annual report and did not receive the report form in the mail. We requested this reinstatement form and are requesting at this time that we be reinstated in the state of Florida. We will take special precautions to assure that the annual report is not late again.

Thank you for your understanding and it is a pleasure doing business in Florida.

Sincerely,

Handwritten signature of Wes Morgan in cursive script, with the word "(President)" written in parentheses to the right of the signature.

Wes Morgan
President