

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
96 NOV 12 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J30454**

1. Corporation Name

**MORRISON HOLDINGS, INC.**

Principal Place of Business

Mailing Address

2008 NE 24TH ST  
WILTON MANORS FL 33305

2008 NE 24TH ST  
WILTON MANORS FL 33305



**REINSTATEMENT 1996**

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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/25/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

50-2750244

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
	<del>MORRISON, PHYLIS J.</del>	<del>2008 NE 24TH ST</del>	<del>WILTON MANORS FL</del>
STD	MORRISON, PHYLIS J.	2008 NE 24TH ST	WILTON MANORS FL
PD	MORRISON, JAMES A.	2008 NE 24TH ST	WILTON MANORS FL

800002006238--A  
-11/15/96--01086--020  
\*\*\*375.00 \*\*\*375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORRISON, BILLY R.  
2008 NE 24TH ST.  
WILTON MANORS FL 33305

Name

James A. Morrison

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

2008 N.E. 24th Street

Suite, Apt. #, Etc.

City

Wilton Manors

State

FL

Zip Code

33305

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 REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

10-20-96

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)(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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/96 365-7290  
Date Daytime Phone