

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **K67154**

1. Corporation Name

MORRITT-CORBETT, INC.

Principal Place of Business

Mailing Address

**401 CORBETT ST 300
CLEARWATER FL 34616-0305**

**401 CORBETT ST 300
CLEARWATER FL 34616-0305**

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

2. New Principal Office Address, If Applicable

401 CORBETT STREET

3. New Mailing Office Address, If Applicable

401 CORBETT STREET

Suite, Apt. #, etc.

SUITE 110

Suite, Apt. #, etc.

SUITE 110

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

34616

Country

USA

Zip

34616

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/1989

5. FEI Number

59-2935235

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P&K	MORRITT, DAVID	401 CORBETT ST 300	CLEARWATER FL
AS	KIMPTON, WILLIAM J.	2901 U.S. HIGHWAY 19 N. SUITE 203	CLEARWATER FL
P/S/T/D	LONGACRE, F. BLAKE	401 CORBETT ST. #110	CLEARWATER FL 34616
			400002077444--U
			02/04/97--01171--010
			***915.00 ***915.00

8. Name and Address of Current Registered Agent

**KIMPTON, WILLIAM J.
2901 U.S. HIGHWAY 19 NORTH, SUITE 203
CLEARWATER FL 34621**

9. Name and Address of New Registered Agent

Name

F. BLAKE LONGACRE

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

401 CORBETT STREET

Suite, Apt. #, Etc.

SUITE 110

City

CLEARWATER

State

FL

Zip Code

34621

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

F. Blake Longacre
REGISTERED AGENT MUST SIGN

Date **01/28/97**

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:

F. Blake Longacre
SIGNATURE AND THREE-PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/97

Date

813-446-4438

Daytime Phone #