

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 # K72800

1. Corporation Name

MORGAN CONTAINER & TRAILER REPAIR, INC.

Principal Place of Business

4129-100 SPORTSMAN CLUB RD.
 JAX. FL 32219
 US

Mailing Address

4129-100 SPORTSMAN CLUB RD.
 JAX FL 32219
 US

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:

City, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6553 W. 5th St.
 NONE
 JAX. FL
 32254 U.S.

REINSTATEMENT 03.99

4. Date Incorporated or Qualified To Do Business In Florida

03/15/1989

5. FEI Number

59-2939013

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)

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
DP	CRAWFORD, SABRA	6553 W. FIFTH ST.	JACKSONVILLE FL
			1 00002824051 --2
			-03/30/99 --01080--022
			****150.00 ****150.00
			1 00002824051 --2
			-03/30/99 --01080--022
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

CRAWFORD, SABRA
 6553 WEST FIFTH ST.
 JACKSONVILLE FL 32254

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
 FL

Zip Code

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

Sabra Crawford Pres.
 REGISTERED AGENT MUST SIGN

Date

4/29/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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

Sabra Crawford Pres. SABRA CRAWFORD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 904/2031914