

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  
REINSTATEMENT



Secretary of State  
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000019101

Name and Mailing Address

02 NOV -5 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0005178 01 FP 0.352 \*\*PRSR T6 0 0615 33713-793704



MORRIS DEVELOPMENT GROUP, LLC  
2200 THIRD AVE N.  
STE. 4  
SAINT PETERSBURG FL 33713-7937



2. New Mailing Address

City, State, Zip

Principal Place of Business

2200 THIRD AVE N.  
STE. 4  
SAINT PETERSBURG FL 33713

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

11/06/2001

6. FEI Number

593754716

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

MORRIS, PAUL  
2200 THIRD AVE N.  
STE. 4  
SAINT PETERSBURG FL 33713

9. Name and Address of New Registered Agent

Name

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

100008804751

11/05/02--01049--002 \*\*150.00

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Paul Morris*

REGISTERED AGENT MUST SIGN

Date 10-28-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	PAUL MORRIS	2200 THIRD AVE N. #4	SAINT PETERSBURG, FL 33701

REINSTATEMENT 2002

*Mike*

12. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

*Paul Morris*

Date 10-28-02

Daytime Phone # 727-492-5061

Typed or printed name of signing Managing Member/Manager

PAUL MORRIS

CR2084 (8/02)