

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 # **L 54339**

1. Corporation Name

Morris Equipment Inc.

Principal Place of Business

Mailing Address

**10.000 N.W. 51 Lane
Miami, FL. 33178**

**8051 N.W. 36th St.
#600 C
Miami, FL 33166**

FILED
97 MAR 24 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **96+97**
MWB

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 **MIAMI FL.**

Zip

Country

Zip **33166**

Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

Feb. 21 / 1990

5. FEI Number

65-0196031

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
PT	ISIDRO SUAREZ	10.000 N.W. 51 Lane	Miami, FL. 33178
VS	Marianela Suarez	10.000 N.W. 51 Lane	Miami, FL. 33178

400002124574-7
-03/26/97-01070-007
******923.75 ****923.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Marianela Suarez
10.000 N.W. 51 Lane
Miami FL. 33178

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

Marianela Suarez

REGISTERED AGENT MUST SIGN

Date **3.21.97**

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:

Marianela Suarez - **Marianela E Suarez** **3/21/97** **305-4719646**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E040 (12/96)