PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC -6 PM 12: 25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L81119

1 Corporation Name

MORRIS & NILES, P.A.

Principal Place of Business	Mailing Address
2329 SUNSET PT RD SUITE 203 CLEARWATER FL 34625 US	2329 SUNSET PT RD SUITE 203 CLEARWATER FL 34625 US

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

REINSTATEMENT 9600

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
P.O. BOX 4691	
Suite, Apt. #, etc CLEARWATER FLORIDA	Suite, Apt. #, etc. N/A
City & State	City & State
Zip 34618-4691 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/15/1990

5. FEI Number: 59-3015434 — 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
D	NILES, DAVID J.	~~733 WEATHERSFIELD DRIVE~~ Ency 650 RICHMOND CLOSE	~~DUNEDIN FL~~ Ency TARPON SPRINGS, FL 34689
S/D/T	MORRIS, DANIEL K.	2039 INDIAN ROCKS RD.	LARGO, FLORIDA 34644
			200002022422--4 -12/06/96--01084--001 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

NILES, DAVID J.
~~733 WEATHERSFIELD DRIVE~~ Enc
~~DUNEDIN FL 34698~~
650 RICHMOND CLOSE
TARPON SPRINGS FL 34689

9. Name and Address of New Registered Agent

Name: NILES, DAVID J
Street Address (P.O. Box Number Is Not Acceptable): 650 RICHMOND CLOSE
Suite, Apt. #, Etc.: ~~Enc~~
City: TARPON SPRINGS — State: FL — Zip Code: 34689

CR2E040 (7/96)

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: DJN SIGNATURE REQUIRED — Date: 11/21/96
REGISTERED AGENT MUST SIGN

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: DKM SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/18/96 — Daytime Phone #: 813-584-7396

0081488 AF