

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10F2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 12 AM 11:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M00489

1. Corporation Name

MORRITT HOMES, INC.
3316 Indian Trail
Eustis, FL 32726

2. Principal Office Address

3300 Grand Island Shores

3. Mailing Office Address

Rd. same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Eustis, FL 32726

City & State

Zip

Country USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/84

5. FEI Number

52-1273632

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jeffrey Baker

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

3300 Grand Island Shores Road

Suite, Apt. #, Etc.

City

Eustis

State
FL

Zip Code

32726

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1-26-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	David Morritt	3300 Grand Island Shores Road,	Eustis FL 32726
VP	Jeffrey Baker	3300 Grand Island Shores Road,	Eustis FL 32726

100003674121-2

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
David Morritt, President

2/1/01

Date

727-447-5344

Daytime Phone #

CR2E001 (9/99)



2082

ACCOUNT NO. : 072100000032

REFERENCE : 000041 5674A

AUTHORIZATION :

Patricia Pizeto

COST LIMIT : \$ 1058.75

ORDER DATE : February 12, 2001

ORDER TIME : 10:03 AM

ORDER NO. : 000041-005

CUSTOMER NO: 5674A

CUSTOMER: Robert C. Burke, Jr., Esq
Kimpton Burke & White
Suite 100
28059 U.s. Highway 19, North
Clearwater, FL 33761

DOMESTIC FILINGS

NAME: MORRITT HOMES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EXT: 1156
EXAMINER'S INITIALS _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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01 FEB 12 AM 10:40