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
00 JAN 11 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000196

1. Corporation Name
MORFFI GROUP HOME, INC.

Principal Place of Business	Mailing Address
5950 N.W. 110th Terrace Hialeah, Florida 33012	Same

900003081159--1
-05/26/00--01002--008
*****26.55 *****26.55

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
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/12/98

5. FEI Number: ☑ 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
PRES.	NERIDA GONZALEZ	5801 N.W. 113 Terr	Hialeah, Fl 33120
SEC. D			
TREAS D	LUIS D. PEREZ	5801 N.W. 113 Terr	Hialeah, Fl 33120
Director	Freddy M. Pimentel	3601 W. South Ave	Hialeah, FL 33012

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-01/11/00--01016--014
****245.00 ****245.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
J. D. MACK 9820 N.W. 7th AVENUE MIAMI, FL 33150	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State / Zip Code

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-12/27/99--01131--009
*****35.00 *****35.00

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: J. D. Mack — REGISTERED AGENT MUST SIGN — Date: 12/22/99

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: Nerida Gonzalez — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 12/22/99 — Daytime Phone #: 305 693 5795

JAN 11 2000