


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 13 PM 3:26
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000007067

1. Corporation Name
Morton & Bennefield Properties, Inc

REINSTATEMENT 04-05

2. Principal Office Address <u>12450 BISCAYNE BLVD</u> Suite, Apt. #, etc. <u># 808</u> City & State <u>JACKSONVILLE, FL</u> Zip <u>32218</u> Country <u>DUVAL</u>		3. Mailing Office Address <u>(SAME)</u> Suite, Apt. #, etc. <u>(SAME)</u> City & State <u>(SAME)</u> Zip <u>(SAME)</u> Country <u>(SAME)</u>	
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4. Date Incorporated or Qualified To Do Business in Florida <u>Aug. 18, 2003</u>	
5. FEI Number <u>30-020457</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>JAMES N. MORTON, JR</u>	<u>900054204519</u>
Street Address (P.O. Box Number is Not Acceptable) <u>12450 BISCAYNE BLVD</u>	<u>05/10/05--01038--013 **61 25</u>
Suite, Apt. #, Etc. <u>808</u>	<u>900054204519</u>
City <u>JACKSONVILLE</u>	<u>05/10/05--01038--014 **61 25</u>
State <u>FL</u>	Zip Code <u>32218</u>

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 James N. Morton, Jr Date March 12, 2005
REGISTERED AGENT MUST SIGN

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
D	Samuel Bennefield	12450 Biscayne Blvd	Jacksonville, FL 32218
D	Sandra Holmes	1650 Spire St	JACKSONVILLE, FL 32204
D	PAMELA MORTON	913 CARBOLTON RD	JACKSONVILLE FL 32208

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: Sam Bennefield Jr. 3/12/05 (904) 751-0848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E061 (01/04)

2082

Morton and Bennefield Properties, Inc
12450 Biscayne Boulevard
Jacksonville, FL 32218

Florida Department of State
Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

January 10, 2005

Subject: Uniform Business Report

Dear Sir/Madam:

Thank you for your continued assistance. We make the following statement to conform to your directives as per our telephone call to your office:

This statement is to certify that the organization moved from 913 Carrollton Road to the address shown above. For that reason we believe we did not receive notice of the required Uniform Business Report. This statement further certifies that we have respectfully enclosed a check for the usual non-profit filing fee of \$61.25 to satisfy our corporate obligation.

As discussed, we were unable to download a filing form to submit with the fee due to the inactive status of our corporation so we look forward to receiving a copy of the form at the new address at your earliest opportunity.

Again, we appreciate your careful attention, apologize for the delay and thank you for your services.

Very Truly Yours,


James Morton, Registered Agent