

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 22 PM 3:50

DOCUMENT # P00000054181

1. Corporation Name

L.L. MORGAN & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

208 BEVERLY DRIVE  
DELRAY BEACH FL 33444

208 BEVERLY DRIVE  
DELRAY BEACH FL 33444



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

2. New Principal Office Address, If Applicable

4525 N.W. 2ND ST.

3. New Mailing Office Address, If Applicable

4525 N.W. 2ND ST

Suite, Apt. #, etc.

STE C

Suite, Apt. #, etc.

STE C

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33445

Country

US

Zip

33445

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

06/06/2000

SP

5. FEI Number

65-1012829

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	MORGAN, LINDA L	208 BEVERLY DRIVE 4525 N.W. 2ND ST STE C	DELRAY BEACH FL 33444 33445
<del>S</del>	<del>MORGAN, DONNA</del>	<del>208 BEVERLY DRIVE</del>	<del>DELRAY BEACH FL 33444</del>
T	MORGAN, EDWARD	208 BEVERLY DRIVE	DELRAY BEACH FL 33444
			300004670879--9 -11/07/01--01040--029 ***758.75 ***758.75

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

LINDA MORGAN

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

4525 N.W. 2ND ST, S

Suite, Apt. #, Etc.

STE C

City

DELRAY BEACH

State

FL

Zip Code

33445

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

REGISTERED AGENT MUST SIGN

Date 10/15/01

11. 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

Date

10/15/01

Daytime Phone #

561 706-4184

CR2ED-00 (8/01)