

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000069806

1. Corporation Name

MORGAN DRIVE INVESTMENT, INC.

Principal Place of Business

300 S POINTE DRIVE
UNIT 2302
MIAMI BEACH FL 33139

Mailing Address

300 S POINTE DRIVE
UNIT 2302
MIAMI BEACH FL 33139

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/2000

5. FEI Number

65-1026003

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 3	City / State / Zip 4
D	JAEGER, WILLIAM	300 S POINTE DRIVE UNIT 2302	MIAMI BEACH FL 33139

8. Name and Address of Current Registered Agent

JAEGER, WILLIAM
300 S. POINTE DRIVE
UNIT 2302
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/15/03

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

Daytime Phone #

FILED
03 NOV 17 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

03

600024761606
11/17/03--01093--012 **150.00

CR2E040 (7/03)

November 6, 2003


Ms. Glenda E. Hood
Secretary of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: Document # P00000069806
Morgan Drive Investment, Inc.

I hereby request that the \$600 reinstatement fee be waived since the two prior uniform business report (UBR) notices were not received.

Enclosed with this waiver request are the completed application for reinstatement and the accompanying \$150 annual filing fee for a "for-profit" corporation.

Sincerely,



William N. Jaeger
Director

300 S. Pointe Drive
Unit 2302
Miami Beach, FL 33139