

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 23 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000074812

1. Corporation Name

JACQUELINE A MORRIS, INC.

Principal Place of Business

12211 WOOD DUCK PLACE
TEMPLE TERRACE FL 33617

Mailing Address

12211 WOOD DUCK PLACE
TEMPLE TERRACE FL 33617

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/2000

5. FEI Number

59-3664787

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
DP	MORRIS, JACQUELINE A	12211 WOOD DUCK PLACE	TEMPLE TERRACE FL 33617

100030944211
03/23/04--01102--001 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORRIS, JACQUELINE A 12211 WOOD DUCK PLACE TEMPLE TERRACE FL 33617	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State
	Zip Code

FL

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

Jacqueline A Morris
REGISTERED AGENT MUST SIGN

Date

3/16/04

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:

Jacqueline A Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/14/04

Daytime Phone #

CR2E040 (7/03)

DEPARTMENT OF STATE
P.O. BOX 6327
TALLAHASSEE, FL 32314
ANNUAL REPORT/REINSTATEMENT SECTION

March, 16, 2004

RE; JACQUELINE MORRIS INC.
FEIN# 59-3664787
DOCUMENT# P00000074812

To Whom It May Concern,

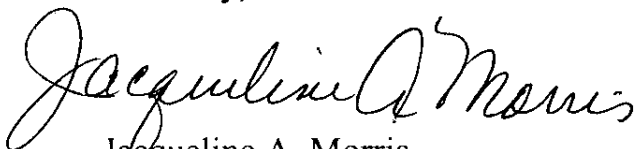
In reference to the above corporation I am submitting the enclosed Uniform Business Reinstatement for 2003 and the Uniform Business Report for 2004 and ask that you accept my check for \$300.00 for both years.

I did not receive the renewal due to the passing of my Accountant Gene Cole at Cole/Tackett Accounting. They always handled my paperwork for me and advised me what to do and when. This was an oversight on the staffs part. I have corrected the address on the Uniform Business Report to reflect a new address where all future correspondence should be sent so that I may receive it personally.

I would ask that you strongly consider this waiver since I was unaware of this being due at that time. I will continue to renew my Corporation in a timely manner in the future.

Thanking you in advance for your consideration in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Jacqueline A. Morris". The signature is written in dark ink and is positioned above the printed name and title.

Jacqueline A. Morris
President