

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 # P00000076011

1. Corporation Name

LYNDA MORGAN, P.A.

Principal Place of Business

15200 SW 78TH CT
MIAMI FL 33157

Mailing Address

15200 SW 78TH CT
MIAMI FL 33157

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

08/10/2000

5. FEI Number

65-1034434

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
P	MORGAN, MIKE	15200 SW 78TH CT	MIAMI FL 33157
S	MORGAN, LYNDA	15200 SW 78TH CT	MIAMI FL 33157

8. Name and Address of Current Registered Agent

SIMONS, BARRY L P.A.
9700 S DIXIE HWY, STE 1030
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name BARRY L. SIMONS, ESQ
Street Address (P.O. Box Number is Not Acceptable)
9100 SOUTH DADELAND BLVD.
Suite, Apt. #, Etc. SUITE 400
City MIAMI State FL Zip Code 33156

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 10-17-03

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

MIKE MORGAN

Date

10/17/03

Daytime Phone #

CR2E040 (7/03)

272

OCT. 16, 2003

FL. DEPT. OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314
DOCUMENT # P00000076011

DEAR SIR,

I NEVER RECEIVED A LETTER OF
NOTICE OF PAYMENT DUE BEFORE NOW.

I AM ENCLOSING A CHECK FOR
\$150.00 AND ASKING YOU TO WAIVE
THE REINSTATEMENT FEE.

THANK YOU IN ADVANCE FOR YOUR
PROMPT ATTENTION TO THIS
MATTER.

Sincerely,
LYNDA MORGAN, P.A.

A handwritten signature in cursive script, appearing to read "Linda Morgan".