

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -5 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000082161

1. Corporation Name

MCO Management Company

2. Principal Office Address - No P.O. Box #

391 Indian Harbor Rd

Suite, Apt. #, etc.

3. Mailing Office Address

391 Indian Harbor Rd

Suite, Apt. #, etc.

City & State

Vero Beach Florida

City & State

Vero Beach Florida

Zip

32963

Country

USA

Zip

32963

Country

USA

300164202493
01/05/10--01002--017 **750.00

REINSTATEMENT OF

4. Date Incorporated or Qualified
To Do Business in Florida

8/29/2000

5. FEI Number

650266087

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joseph J Morrow

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

391 Indian Harbor Rd

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32963

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date

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/P	Joseph J Morrow	391 Indian Harbor Rd	Vero Beach FL 32963
D/VPs	Claire Morrow	7 Close Rd	Greenwich CT 06831
D	Donna Morrow	106 Central Park South #20B	New York NY 10019

10. E-mail Address:

cmorrow101@aol.com

(To be used for future annual report notification)

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. I further certify, 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:

Joseph J Morrow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/09 263-6589400
Date call Daytime Phone #