

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000099607**

1. Corporation Name

THE MORELLI CORPORATION

Principal Place of Business

**16005 PRESTON TRAIL WAY
ODESSA FL 33556**

Mailing Address

**16005 PRESTON TRAIL WAY
ODESSA FL 33556**

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

2. New Principal Office Address, If Applicable

12157 W. Linebaugh Ave

240

Tampa FL

33626

USA

3. New Mailing Office Address, If Applicable

Same

Tampa FL

33626

USA

4. Date Incorporated or Qualified To Do Business in Florida

10/23/2000

5. FEI Number

59-3678366

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	MORELLI, PATRICK	16005 PRESTON TRAIL WAY	ODESSA FL 33556

000004717520-3

-12/10/01--0116--001

******150.00 ****150.00**

TS 01432

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**MORELLI, PATRICK
16005 PRESTON TRAIL WAY
ODESSA FL 33556**

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

Patrick Morelli

REGISTERED AGENT MUST SIGN

Date

10/24/01

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:

Patrick Morelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/01

Daytime Phone #

813-859-4900

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THE MORELLI CORPORATION

12157 W. Linebaugh Avenue, Suite 240, Tampa, Florida 33626 (813) 889-4900

To Whom It May Concern;

This letter is to notify your office that a letter or form to file was never received in our office. We, just yesterday received the dissolution notice.

The corporation was formed late 2000, and therefore I didn't think anything else was necessary. Had I received a notice, I would certainly have sent the payment as the corporation was newly formed.

Please accept this check as payment to prevent dissolution.

Sincerely,



Patrick Morelli - President
The Morelli Corporation