

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 12 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

02-03

DOCUMENT # P00000108843

1. Corporation Name

MORRISON DESIGN, Inc.

2. Principal Office Address

1846 BOUGAINVILLEA ST.

3. Mailing Office Address

N/A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA

City & State

Zip

FL

Country

34239

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/22/2000

5. FEI Number

65-1065683

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

DAVID S. SIMON, ESQ.

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

1800 SECOND ST.

Suite, Apt. #, Etc.

#700

City

SARASOTA

State

FL

Zip Code

34236

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

5/8/03

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.	PATRICIA SCHIMBERG	1846 BOUGAINVILLEA ST.	SARASOTA, FL 34239

10. 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03

Date

(941) 953-4665

Daytime Phone #

CR2E081 (10/02)

5/20

# MORRISON DESIGN

INCORPORATED

April 11, 2003

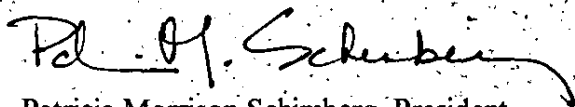
To Whom It May Concern:

Upon filing the tax return, it has come to my attention that the corporation Morrison Design, Inc. has been made inactive due to the uniform business report not having been filed in 2002. The forms were not received - possibly due to a change in address. Please note the new address:

Morrison Design, Inc.  
1846 Bougainvillea Street  
Sarasota, FL 34239

In accordance with the instructions received by an agent by phone, I am submitting the reinstatement form and a fee of \$300 to insure the corporation is made active again. Please contact me with any questions.

Thank you,



Patricia Morrison Schimberg, President  
Morrison Design, Inc.

