

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC 31 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P00000115006*

1. Corporation Name

Morgan Technologies, Inc.

000004880230--0
-02/05/02--01042--016
****750.00 ****750.00

REINSTATEMENT *2001*

2. Principal Office Address

14409 Eagle Pointe Drive

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

Country

33762

3. Mailing Office Address

14409 Eagle Pointe Drive

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

Country

33762

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/2000

5. FEI Number

59-3692956

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 L. Morgan

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

14409 Eagle Pointe Drive

Suite, Apt. #, Etc.

City

Clearwater

State
FL

Zip Code

33762

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

Joseph L. Morgan

REGISTERED AGENT MUST SIGN

Date

12-4-01

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	<i>Joseph L. Morgan</i>	<i>14409 Eagle Pointe</i>	<i>Clearwater, FL 33762</i>
D	<i>Sonja Morgan</i>	<i>14409 Eagle Pointe</i>	<i>Clearwater, FL 33762</i>

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:

Joseph L. Morgan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-4-01

Daytime Phone #

727-460-7337

CR2001 (9/00)