

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 15 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000010267

1. Corporation Name

THE LAW OFFICES OF SPENCER G. MORGAN, P.A.

Principal Place of Business

Mailing Address

~~777 BRICKELL AVENUE SUITE 1114~~
MIAMI FL 33131

~~777 BRICKELL AVENUE SUITE 1114~~
MIAMI FL 33131



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

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1072392

Not Applicable

Zip

Country

Zip

Country

33130

USA

33130

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
PSTD	MORGAN, SPENCER G	777 BRICKELL AVENUE SUITE 1114	MIAMI FL 33131

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORGAN, SPENCER G
777 BRICKELL AVENUE SUITE 1114
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/28/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/02

THE LAW OFFICES OF
SPENCER G. MORGAN, P.A.

COURTHOUSE TOWER
44 W. FLAGLER STREET
SUITE 2550
MIAMI, FLORIDA 33130

Spencer G. Morgan

TELEPHONE: 305.423.3800
FACSIMILE: 305.423.3801
EMAIL: smorganlaw@spencermorganlaw.com

VIA U.S. MAIL

November 4th, 2002

Florida Department of State
Attn: Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Corporation Name : Law of offices of Spencer G. Morgan, P.A.
FEI Number : 65-1072392
Registered Agent : Spencer G. Morgan, Esq.

To whom this may concern:

We are in receipt of your certificate of administrative dissolution or revocation to be effective, as of October 4th, 2002. This document indicates that this action was taken as a measure for failure to file the 2002 corporation annual report / uniform business report.

As an active member of the Florida Bar, I recognize the importance of producing such document (s) in a timely fashion. However, our office never received the notices to file the uniform business report (UBR) or any rejection letter. We would request that you waive the reinstatement fees and all associated penalty fees. Please provide a written verification of reinstatement as soon as possible. Please contact my office immediately if you have any questions.

Very Truly Yours,


Spencer G. Morgan, Esq.

SGM/ vmr