

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 12:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000037978

1. Corporation Name

R J MORRIS INTERNATIONAL INC.

Principal Place of Business

Mailing Address

13645 86TH AVE. NORTH
SEMINOLE FL 33776

13645 86TH AVE. NORTH
SEMINOLE FL 33776

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



REINSTATEMENT

03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/11/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3723164

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
PRES	MORRIS, ROBIN J	13645 86TH AVE N	SEMINOLE FL 33776

600024179416
10/27/03--01118--020 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORRIS, ROBIN
13645 86TH AVE. NORTH
SEMINOLE FL 33776

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

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date 10-20-2003

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)(l), 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:

[Handwritten Signature] ROBIN J MORRIS

Date

Daytime Phone #

CR2E040 (7/03)