

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JAN 17 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000059919

1. Corporation Name

LAW OFFICES OF STEPHANIE G. MORROW, P.A.

700086684547  
01/30/07--01017--026 \*\*8.75

2. Principal Office Address

11501 NW 2nd Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33168

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/15/01

5. FEI Number

05-1114185

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-07 Wop

**7. Name and Address of Current Registered Agent**

Name

Stephanie Morrow

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

11501 NW 2nd Ave

Suite, Apt. #, Etc.

Miami

City

State

FL

Zip Code

33168

1/22/04 01074 008- \$750.00

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

Date 1/10/07

REGISTERED AGENT MUST SIGN

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
President	Stephanie Morrow	11501 NW 2nd Ave	Miami, FL 33168

700086684547

01/30/07--01017--025 \*\*150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/07

Daytime Phone #

CR2E081 (01/06)

2007

LAW OFFICES OF  
**Stephanie G. Morrow, P.A.**

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Stephanie G. Morrow

Member of New York and Florida Bars

11501 N.W. 2nd Avenue  
Miami, Florida 33168  
Telephone: 305-757-0900  
Facsimile: 305-757-4809

January 10, 2007

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Attention: Kathy Ashton

Dear Sir/Madam:

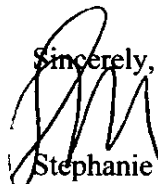
Re: Corporate Status of the Law Offices of Stephanie G. Morrow

Pursuant to my discussion with Ms. Kathy Ashton today, enclosed please find a completed request for Corporation Reinstatement, together with a check in the amount of \$150.00 to have my corporation reinstated. I am requesting that you waive any other reinstatement fees as I have never received any notices to file yearly corporate returns.

Additionally, I had paid \$750.00 in 2003 to have my corporation restored, but due to some confusion my corporation was never reinstated. (I am enclosing a copy of my 2003 reinstatement request.)

I am also enclosing a second check in the amount of \$8.75 to obtain a Certificate of Status.

Sincerely,



Stephanie G. Morrow

/ms

Encs. (4)