

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 OCT 28 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000075459

1. Corporation Name

MORGAN RESTAURANTS, INC.

Principal Place of Business

~~4031 HIGHLAND BOULEVARD~~
PACE FL 32571

Mailing Address

~~4031 HIGHLAND BOULEVARD~~
PACE FL 32571

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

2. New Principal Office Address, If Applicable

3698 SAWMILL CIRCLE

Suite, Apt. #, etc.

City & State
PACE FL

Zip
32571

Country

3. New Mailing Office Address, If Applicable

3698 SAWMILL CIRCLE

Suite, Apt. #, etc.

City & State
PACE, FL

Zip
32571

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/2001

5. FEI Number

59-3735914

Applied For

Not Applicable

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
PRESIDENT	WILLIAM P. MORGAN	3698 SAWMILL CIRCLE	PACE, FL 32571
SECRETARY	CITERYL L. MORGAN	3698 SAWMILL CIRCLE	PACE, FL 32571

100008638851
10/28/02--01136--008 **150.00

8. Name and Address of Current Registered Agent

NUCKOLS, WILLIAM E
4031 HIGHLAND BOULEVARD
PACE FL 32571

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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

William E. Nuckols
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/24/02

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:

William P. Morgan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/02 (850)516-0346

Cheryl Morgan
Pete Morgan

Schlotzsky's Deli

Morgan Restaurants, Inc.
Independent Franchisees

October 24, 2002

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section—
PO Box 6327
Tallahassee, FL 32314-6327

RE: Morgan Restaurants, Inc.
FEIN 59-3735914

To Whom It May Concern:

Enclosed is a check for \$150 for reinstatement of Morgan Restaurants, Inc. to active status. The two prior UBR notices were not received. Please note our change of address.

Please call me at 850.475.4255 if you have any questions. Thank you.

Sincerely,



Cheryl L. Morgan
Secretary/Treasurer