

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM**

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000096196

1. Corporation Name

## **MORNINGSIDE RETREAT, INC.**

**Principal Place of Business**

Mailing Address

1712 LONG BOW LANE  
CLEARWATER FL 33764

1712 LONG BOW LANE  
CLEARWATER, FL 33564

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/03/2001	
City & State		City & State		5. FEI Number	Applied For
Zip	Country	Zip	Country	59-3746685	Not Applicable
6. <input checked="" type="checkbox"/> CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

Name 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	HOVE, STEPHEN D	1712 LONG BOW LANE	CLEARWATER FL 33764	
			500008697975	
			10/30/02-01041-015 ***1517.50	

500008697975  
10/30/02--01041--015 本1517.50

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

**9. Name and Address of New Registered Agent**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

Name STEPHEN D. HOUE  
Street Address (P.O. Box Number is Not Acceptable)  
1721 LONG BOW LA.  
Suite, Apt. #, Etc.

City CLEARWATER State FL Zip Code 33764

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

~~SIGN~~ ~~RE~~ REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/25/02

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

10/25/02 727-515-4088

Date \_\_\_\_\_

Devotions, Please 4