

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 14 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
100008998061  
11/14/02--01037--012 \*\*150.00

DOCUMENT # P01000097502

1. Corporation Name

B: MORRIS INVESTMENTS INC.

Principal Place of Business

959 FAIRWAY DR.  
WINTER PARK FL 32792

Mailing Address

959 FAIRWAY DR.  
WINTER PARK FL 32792

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/15/2001

5. FEI Number

☒ 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
P	MORRIS, BARBARA A	759 FAIRWAY DR.	WINTER PARK FL 32792

8. Name and Address of Current Registered Agent

MORRIS, BARBARA A  
959 FAIRWAY DR.  
WINTER PARK FL 32792

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

CR2040 (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

*Barbara Morris*  
REGISTERED AGENT MUST SIGN

Date

Oct 20, 2002

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)(f), 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:

*Barbara Morris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct 20 2002

Daytime Phone #

B. MORRIS INVESTMENTS, INC.  
959 FAIRWAY DRIVE  
WINTER PARK, FLORIDA 32792  
OFFICE # 407- 492-2679

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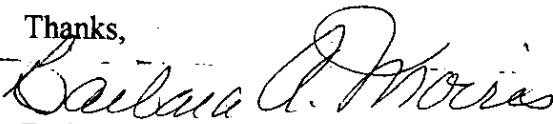
To: Jim Smith, Secretary of State, Florida Department of State

From: Barbara A. Morris, B. Morris Investments, Inc.

This is the notice that has been delivered to me, not that it was not sent, but a considerable amount of my mail was accidentally forwarded to the people at this address before me, they were also named Morris and although it was a first name not their last some mail was forwarded to Miami where they are. I have had my power turned off, my phone turned off, a title insurance policy lost and a certified deed forwarded to them. They finally got irritated and started tossing my mail. Please let me know what additional steps I need to take not to have to pay the \$600.00 penalty.

I appreciate your time in this matter.

Thanks,

  
Barbara