

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 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000113308

1. Corporation Name

MORBUNZ, INC.

Principal Place of Business

204 E NINE MILE RD  
PENSACOLA FL 32571

Mailing Address

204 E NINE MILE RD  
PENSACOLA 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

204 E NINE MILE RD

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

3698 SAWMILL CIRCLE

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/29/2001

5. FEI Number

26 0036200

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	CHERYL L. MORGAN	3698 SAWMILL CIRCLE	PACE, FL 32571
S	WILLIAM P. MORGAN	3698 SAWMILL CIRCLE	PACE, FL 32571

200008638922  
10/28/02--01136--011 \*\*150.00

8. Name and Address of Current Registered Agent

MORGAN, WILLIAM P  
4031 HIGHLAND BLVD  
PACE FL 32571

9. Name and Address of New Registered Agent

Name  
MORGAN, WILLIAM P  
Street Address (P.O. Box Number is Not Acceptable)  
3698 SAWMILL CIRCLE  
Suite, Apt. #, Etc.

City  
PACE

State  
FL

Zip Code  
32571

CR2E040 (802)

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
WILLIAM P. MORGAN

Date 10/24/02 (850) 516-0346  
Daytime Phone #

Morbunz, Inc  
204 E. Nine Mile Rd.  
Pensacola, FL 32534  
October 24, 2002

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

RE: Morbunz, Inc.  
FEIN 26-0036200

To Whom It May Concern:

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

Please call me at 850.505-7500 if you have any questions. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Cheryl L. Morgan".

Cheryl L. Morgan  
President