

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 -1 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000119896**

1. Corporation Name

MORGAN ENTERPRISES INC.

Principal Place of Business

141 ROBERTA RD.
ORMOND BCH FL 32176

Mailing Address

141 ROBERTA RD.
ORMOND BCH FL 32176

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

12/17/2001

5. FEI Number

210567428

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
PVST	MORGAN, MIKE	141 ROBERTA RD.	ORMOND BCH FL 32176

4000008758374
11/01/02--01058--019 **158.75

8. Name and Address of Current Registered Agent

MORGAN, MIKE
141 ROBERTA RD.
ORMOND BCH FL 32176

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

Mike Morgan
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10-28-02**

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:

Mike Morgan
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-02 386-846-3242

October 28, 2002

Dear Sir or Madam

I recently spoke to an employee of your agency named Michelle who informed me of the last paragraph of the "Important Facts" section of the Notice of Administrative Dissolution of Revocation packet. That particular paragraph explains that the reinstatement fee can be waived if there have been no prior notices of the UBR. I am requesting a fee waiver as I have not received any prior notice to the statement from 10-25-02 in the mail.

I am the owner/proprietor/PVST of Morgan Enterprises, Inc., document number PO1000119896, and I have filled out the required paperwork and enclosed a check for the required amount of \$150 for reinstatement plus \$8.75 for Certificate of Status to total \$158.75.

Sincerely

Mike Morgan



Mike Morgan

10-28-02