

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN -9 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000006587

1. Corporation Name

DONNA A MORGAN INC

600026586926
01/09/04--01022--005 **150.00

REINSTATEMENT 03

2. Principal Office Address

1550 NE 123 STREET

Suite, Apt. #, etc.

N212

3. Mailing Office Address

1550 NE 123 ST

Suite, Apt. #, etc.

N212

City & State

NORTH MIAMI, FL

City & State

NORTH MIAMI, FL

Zip

33161

Country

USA

Zip

33161

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/18/2002

5. FEI Number

04-3590656

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Donna A Morgan

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

1550 NE 123 Street

Suite, Apt. #, Etc.

N-212

City

North Miami

State
FL

Zip Code
33161

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Donna A Morgan

Date 12/19/2003

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Donna A Morgan	1550 NE 123 St - Apt N212	North Miami, FL 33161

10. 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

President

12/19/2003

Date

Daytime Phone #

CR2E081 (10/02)

December 19, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: P02000006587

Attn: Renewal Dept:

Gentlemen:

In reference to the above mentioned corporation, please be advised that we never received the renewal notice.

We contacted your renewal department and they advised us to write a letter and specify what happened and to submit the original annual fee and you would renew the corporation.

Your cooperation in this matter is anticipated and appreciated.

Thank you,

A handwritten signature in cursive script, appearing to read "Donna A Morgan".

Donna A Morgan
President