

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

37 APR 17 PH 12:11

DOCUMENT # P02000070367

1. Corporation Name

W.P. Morgan Enterprises, Inc.

500098022375

04/23/07--01047--020 \*\*450.00

**REINSTATEMENT**

05-07

2. Principal Office Address - No P.O. Box #

1050 Rainbows End Rd

Suite, Apt. #, etc.

Monticello FL

City & State

Zip

Country

32344

3. Mailing Office Address

1050 Rainbows End Rd

Suite, Apt. #, etc.

City & State

Monticello FL

Zip

Country

32344

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

AUG 2002

5. FEI Number

81 0560013

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

Wesley P. Morgan

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

1050 Rainbows End Rd.

Suite, Apt. #, Etc.

City

Monticello

State

FL

Zip Code

32344

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Wesley P. Morgan

REGISTERED AGENT MUST SIGN

Date 4-17-2007

**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
Pres	Wesley P. Morgan	1050 Rainbows End Rd	Monticello, FL 32344
VP	Amy T. Morgan	1050 Rainbows End Rd	Monticello, FL 32344

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 contained in Chapter 119, 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

Date

Daytime Phone #

4-17-07 8503836500