

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


FILED

JAN 14 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200028280262  
02/05/04--01031--008 \*\*150.00

**REINSTATEMENT** 03-04

<b>CORPORATION REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Jim Smith</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P02000130761			
<b>1. Corporation Name</b> Morris Jr. Painting & Carpentry Solutions, Corp.			
<b>2. Principal Office Address</b> 4791 SW 82 AV Suite, Apt. #, etc. 38 City & State Ft Lauderdale, FL Zip 33328 Country U.S.A.		<b>3. Mailing Office Address</b> Suite, Apt. #, etc. City & State Zip Country	

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> December 11, 02	
<b>5. FEI Number</b> 22-3891897	Applied For Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>	

<b>7. Name and Address of Current Registered Agent</b>	
Name Federico Julian Morris	
Street Address (P.O. Box Number is Not Acceptable) 4791 SW 82 nd AV	
Suite, Apt. #, Etc. 38	
City Ft Lauderdale	State FL
Zip Code 33328	

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

*[Signature]*

Date

11/22/03

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
Pres	Federico Julian Morris	4791 SW 82 AV #38	Ft Lauderdale, FL 33328

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/22/03 786-586-7180

Daytime Phone #

CR2E061 (9/01)

**Federico Julian Morris**  
**MORRIS JR. PAINTING & CARPENTRY SOLUTIONS, CORP.**  
**4791 SW 82 AVE #38**  
**FT LAUDERDALE, FL 33328**

November 22, 2003

Florida Department of State  
Division of Corporations

Re: **Morris Jr. Painting & Carpentry Solutions, Corp.**  
**Document # P02000130761**

To Whom It May Concern,

As per my telephone conversation with your office, please accept this letter as a waiver to the penalty on my corporation. Furthermore, enclosed please find check numbers ~~697~~/698 in the amount of \$150.00 for my annual fees. I did not receive the Uniform 2003 form by mail.

Thank you in advance for your attention in this matter.

Sincerely,



Federico Julian Morris  
President/Director