

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

192

06 SEP 26 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000003425

1. Corporation Name Morris Flooring Inc.

2. Principal Office Address

997 Summer Lakes Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

560 Heatherston Villages
Suite, Apt. #, etc.

City & State

Orlando FL

Zip 32835 Country U.S.

City & State

Altamonte Springs FL

Zip 32714 Country U.S.

REINSTATEMENT

04-06 REC

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

2004

5. FEI Number

45-0530876

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

JESSE T. MORRIS

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

560 HEATHERSTON VILLAGES

Suite, Apt. #, Etc.

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32714

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

Date

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	JESSE T. MORRIS	560 HEATHERSTON VILLAGES	ALTAMONTE SPRINGS, FL 32714

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:

J. Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-30-06

Date

Daytime Phone #

407 496 8945

Document corrected per Rottier Moore, acct. REC

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To whom it may concern.

My name is Jesse T. Morris. I am writing this letter asking for the six hundred dollar penalty to be waived. I never recieved a renewal or notice to pay in 2004 or any year. I appologize for the discrepancy. I will be sure and renew in the future.

Thank you.

Jesse T. Morris.