

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAY 11 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000026299

1. Corporation Name

Morris Creekside Enterprises, Inc

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

85316 Avant Rd

Suite, Apt. #, etc.

City & State

Yulee, FL

Zip

32097

Country

USA

3. Mailing Office Address

85316 Avant Rd

Suite, Apt. #, etc.

City & State

Yulee, FL

Zip

32097

Country

USA

400155774284
05/11/09--01042--015 **600.00

REINSTATEMENT 06-09

4. Date Incorporated or Qualified
To Do Business in Florida

February 11, 2005

5. FEI Number
30-0302792

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
Charles W Morris

Street Address (P.O. Box Number is Not Acceptable)
85316 Avant Rd

Suite, Apt. #, Etc.

City
Yulee,

State
FL

Zip Code
32097

☒ 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

REGISTERED AGENT MUST SIGN

Date May 5, 2009

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	Charles W Morris	85316 Avant Rd	Yulee, FL 32097
S/T	Connie L Morris	85316 Avant Rd	Yulee, FL 32097

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

Charles W Morris

May 5, 2009

Date

904 225 5008

Daytime Phone #