

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG -3 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000063040

1. Corporation Name

DANIEL MORTON'S SPIRAL INC.

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

2721 Forsyth Rd

Suite, Apt. #, etc.

450

3. Mailing Office Address

5039 BARCELONA ST.

Suite, Apt. #, etc.

City & State

WINTER PARK FL.

City & State

ORLANDO FL.

Zip

32792

Country

USA

Zip

32807

Country

USA

000158882250
07/24/09--01038--004 ***450.00

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

5-3-06

5. FEI Number

20-4851999

☒ 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

MORTON DANIEL

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

5039 BARCELONA ST.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32807

☒ 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

Daniel Morton

Date

7-30-09

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
<u>PD</u>	<u>DANIEL MORTON</u>	<u>2721 FORSYTH RD</u>	<u>WINTER PARK FL. 32792</u>

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:

Daniel Morton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-09

Date

407-902-8375

Daytime Phone #