

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P93000044341

1. Corporation Name

The Morris Appraisal Group, Inc.
3840 Whiting Drive Ste
St Petersburg, FL 33705

2. Principal Office Address

221B Pompano Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

St Petersburg FL

City & State

Zip

33705

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/23/93

5. FEI Number

59-3188093

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

William Morris

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

221B Pompano Dr.

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33705

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

William H. Morris

REGISTERED AGENT MUST SIGN

Date 11-1-00

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
D	William H. Morris	221B Pompano Dr.	St. Pete, FL 33705
D	Joan W. Morris	221B Pompano Dr.	St. Pete, FL 33705

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:

William H. Morris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-00

Date

727-825-0099

Daytime Phone #

CR2E081 (9/99)

P93000041341

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Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I have submitted the reinstatement form for my corporation. I was unaware that the corporation was administratively cancelled. I moved this year to 221 B Pompano Drive, St. Petersburg, FL and never received notification until the last communication from your office regarding the dissolving.

Please accept my apologies and understand that I have always paid my renewal on a timely basis.

Sincerely,



William H. Morris