

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *reinstatement*
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 MAY -2 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000077618**

1. Corporation Name

D.J. MORRIS AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**4402 SEVILLA STREET
TAMPA FL 33629**

**4402 SEVILLA STREET
TAMPA FL 33629**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4828 W Flamingo Rd
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4828 W Flamingo Rd
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa FL

Zip

33611 Hillsborough

Zip

33611 Hillsborough

4. Date incorporated or Qualified
To Do Business in Florida

10/20/1994

5. FEI Number

59-3274625

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MORRIS, D J	4402 SEVILLA STREET	TAMPA FL 33629
			1 00002178151--1
			-05/14/97--01062--009
			****\$15.00 ****\$15.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

**MORRIS, D J
4402 SEVILLA STREET
TAMPA FL 33629**

9. Name and Address of New Registered Agent

Name **MORRIS, D J**
Street Address (P.O. Box Number is Not Acceptable)
4828 W. Flamingo Rd
Suite, Apt. #, Etc.
City **TAMPA** State **FL** Zip Code **33611**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

D. J. Morris
REGISTERED AGENT MUST SIGN

Date

04/29/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

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

Date

04/29/97

Daytime Phone #