

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED *pg 1 of 2*

APPLICATION
FOR
REINSTATEMENT



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

1996 DEC 31 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000007798

1 Corporation Name

Morrish Holdings, Inc.

Principal Place of Business

Mailing Address

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

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable
3100 North Ocean Blvd.

3 New Mailing Address, If Applicable
3100 North Ocean Blvd.

4 Date Incorporated or Qualified
To Do Business in Florida
1/30/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0562210

Not Applicable

Fort Lauderdale, FL

Ft. Lauderdale, FL

Zip
33308

Country
USA

Zip
33308

Country
USA

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P,S,D	Morris Richter	3100 North Ocean Blvd.	Ft. Lauderdale, FL 33308

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**B & C Corporate Services, Inc.
201 S. Biscayne Blvd., Suite 3000
Miami, FL 33131**

Name

Morris Richter

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

3100 North Ocean Blvd.

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33308

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/30/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]

Morris Richter, President 12/30/96 (954) 568-4118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR200401295

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8086

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PRINTED FILE
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 206681 4329904

AUTHORIZATION : *Patricia Piquito*

COST LIMIT : \$ 375.00

ORDER DATE : December 31, 1996

ORDER TIME : 12:13 PM

ORDER NO. : 206681-005

CUSTOMER NO: 4329904

800002042548--6

CUSTOMER: David J. Powers, Esq
Broad And Cassel
Suite 300
7777 Glades Road
Boca Raton, FL 33434

DOMESTIC FILINGS

NAME: MORRICH HOLDINGS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail Williams

EXAMINER'S INITIALS _____

RECEIVED
96 DEC 31 AM 1:19
ISION OF CORPORATION