

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000027634

1. Corporation Name

MORRIS CUSTOM CABINET INSTALLATION, INC.

Principal Place of Business

~~9156 SPARE DRIVE~~
NEW PORT RICHEY FL 34654

Mailing Address

~~9156 SPARE DRIVE~~
NEW PORT RICHEY FL 34654

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3304907

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED
03 NOV 17 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



800024743538
11/17/03--01018--006 **150.00

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTS	MORRIS, STANLEY J	9156 SPARE DRIVE 9134 SPARE DR	NEW PORT RICHEY FL 34654

8. Name and Address of Current Registered Agent

MORRIS, STANLEY J
9156 SPARE DRIVE
NEW PORT RICHEY FL 34654

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

11. 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:

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

Date

11-11-03

Daytime Phone #

727-861-2722

CR2E040 (7/03)

White Dove Management, Inc.

***11720 U.S. 19, Suite 6
Port Richey, FL 34668
(813) 861-2722
FAX: (813) 861-2809***

November 11, 2003

***Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327***

***RE: Morris Custom Cabinet Installation, Inc.
Doc # P95000027634***

Dear Representative;

We request an abatement of penalties levied for late filing (see attached copy of notice). The address on the Annual Report was incorrect. The client had sold the house January 5, 2003. The new owners failed to forward mail to their next door neighbor (it's kind of a backwoods kind of place – the mail was probably thrown out – many other pieces of mail were never received either.)

We appreciate your concern for our situation and thank you for your attention in this matter.

Sincerely,



Richard A. Boyko, EA

cc: rab

file