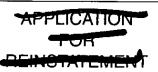
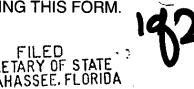
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.







P95000043393 **DOCUMENT #**

1. Corporation Name

MORRISON'S HAULING, INC.

Principal Place of Business

Mailing Address

4871 WOODLANE CIRCLE TALLAHASSEE FL 32302

P.O. BOX 685

TALLAHASSEE FL 32302



01 OCT 22 AM 10: 37

i									
If above a	iddresses are	incorrect in any way, line	through incorrect i	nformation and en	ter correction below.				
			illing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida October 100				
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.		16 Do Business in Florida 06/06/1995				
					5. FEI Number Applied For		Applied For		
City & State		City & State	City & State			59-3352818	Not Applicable		
Zip Country Zip		Zip	Country		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status				
7. Names	and Street Add	dresses of Each Officer ar	nd/or Director (Flo	orida nonprofit com	porations must list at lea	ast 3 directors)			
Title(s)	Title(s) Name of Officers		Street Address of Each Officer and/or Director		, <u> </u>	City / State / Zip			
PVS	75.7.7.00			ANE GIRGLE	Pkwy	TALLAHASSEE FL 3230%			
Ŧ	T- ALLEN, ELKE			1431 JEFFERY ROAD			TALLAHASSEE FL 32312		
T Murrison, Reginald 1934			1934 6	34 A pa lachee PKwy		Tallahassee, #1. 32301			
							•		
1 .				900046580891			0891		
				;		****150.00 ****150.00			
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent					
					Name	j			
MORRI	ISON, REGIN	VALD		_					
4871-WOODLANE OIROLE 1934 A- pa Lachee PK uy				Street Address (P	Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32302				Suite, Apt. #, Etc.					
THE MINOUEL I E OFFICE				Outo, rpt. s, Ltc.					
				City	City State Zip Code				
10. I, being	appointed the	registered agent of the a	bove named corpo	oration, am familia	r with and accept the ob	oligations of Sect	ion 607.0505, F.S.		
Signature of Regi _ş tered i	Agent	Ty. Shi	Monia REGISTERED AG	<u>`</u>			Date 10 17 2	.061	
11. I certify	that I am an o	flicer or director or the rec	eiver or trustee en	nnowered to evec	ite this application as o	rovided for in the	enter 607 or 617 E.S. Liturther o	artifu 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

I Reginald Morrison did not receives 202: the application for reinstatement become it was going to my Book traper.

Freginal Monta