

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~



2001
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

192
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 22 AM 10:37

DOCUMENT # P95000043393

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



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3352818

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVS	MORRISON, REEGINALD	4871 WOODLANE CIRCLE 1934 Apalachee Pkwy	TALLAHASSEE FL 32302
T	ALLEN, ELKE	1431 JEFFERY ROAD	TALLAHASSEE FL 32312
T	Morrison, Reginald	1934 Apalachee Pkwy	Tallahassee, FL 32301
			900004658089--1 -10/30/01--01003--004 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORRISON, REGINALD
~~4871 WOODLANE CIRCLE~~ 1934 Apalachee Pkwy
TALLAHASSEE FL 32302

Name

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

SP

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/17/2001

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-2001 850 544 2353

Date

Daytime Phone #

CR2E040 (8/01)

I Reginald Morrison did not receive ²⁹²
the application for reinstatement because it was going
to my Book keeper.

Reginald Morrison