

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000062672

1. Corporation Name

MORTON MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

8477 GOLF BLVD  
UNIT 1503  
NAVARRE BCH FL 32566  
US

8477 GOLF BLVD  
UNIT 1503  
NAVARRE BCH FL 32566  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/11/1995

5. FEI Number

59-2196492

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GILCHRIST, LINDA S	8477 GULF BLVD UNIT 1503	NAVARRE BCH FL 32566
			800004705248--7 12/05/01 01006 022 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LINDA S. GILCHRIST  
8477 GULF BLVD  
UNIT 1503  
NAVARRE BCH FL 32566

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.

Signature of  
Registered Agent *Linda S. Gilchrist*  
REGISTERED AGENT MUST SIGN

Date

11/15/01

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

Date

Daytime Phone #

11/15/01 850. 936.6214



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV 19 PM 1:42

CR2E040 (8/01)

11/14/01

Dear Sir:

Due to an improper mailing address, Morton Management Services, Inc. did not receive notice for filing.

Per a conversation with Michelle in your office, I am enclosing the Reinstatement Application, which also has an incorrect mailing address, along with \$150.00 ~~filing~~ fee.

The correct address is

8477 GULF BLVD. #1503

NAVARO BEACH, FL. 32566

Thank you for your cooperation.

Sincerely,

Gene Skelton