

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P95000085328

1. Corporation Name

MORGAN MOTORS AUTOMOTIVE FINANCE CENTER, INC.

Principal Place of Business

Mailing Address

~~2106 SR 60 E~~  
VALRICO FL 33594

~~2106 SR 60 E~~  
VALRICO FL 33594

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

2. New Principal Office Address, If Applicable

2108 Jelene Dr

Suite, Apt. #, etc.

City & State

Valrico FL

Zip 33594

Country

Hills.

3. New Mailing Office Address, If Applicable

2108 Jelene Dr

Suite, Apt. #, etc.

City & State

Valrico FL

Zip 33594

Country

Hills

4. Date Incorporated or Qualified  
To Do Business In Florida

10/31/1995

5. FEI Number

59-3347506

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	MORGAN, CHARLES D	2106 SR 60 E	VALRICO FL 33594
VP	FUKSMAN, ARMANDO	2106 SR 60 E	VALRICO FL 33594
<del>6</del>	<del>TATE, KEN</del> Delete	<del>2106 SR 60 E</del>	<del>VALRICO FL 33594</del>
			200002742112-0 -01/14/99--01091--018 ***900.00 ***900.00
			REINSTATEMENT 98-99
			12/1/7/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORGAN, CHARLES D <del>2106 SR 60 E</del> VALRICO FL 33594	Name Street Address (P.O. Box Number is Not Acceptable) 2108 Jelene Dr Suite, Apt. #, Etc. City Valrico State FL Zip Code 33594
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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

Charles D Morgan  
REGISTERED AGENT MUST SIGN

Date

1-6-99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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:

Charles D Morgan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles D Morgan 1-6-99 813-657-1200

CR2E040 (6/98)