FILED

98 SEP 21 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TOTAL P.02

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: DOCUMENT # P96000064082

Morman Inc
19040 NW 86 Ct
Miami Fl 33015

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

200002645922--0
09/22/98--01041--006
****900.00 ****900.00

3. Date Incorporated or Qualified To Do Business in Florida: 7/3/96

4. FEI Number: 65-0685430

FEI Number Applied For

FEI Number Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

5. Names and Street Addresses of Each Officer and/or Director

1 Title	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 and State
P	Luis Morillo	19040 NW 86 Ct	Miami Fl 33015
VP	Hector F Manrique	19040 NW 86 Ct	Miami Fl 33015
S/T	Gladys Z Manrique	19040 NW 86 Ct	Miami Fl 33015
		REINSTATEMENT 97-98 FS 9/21	

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Hector F Manrique
19040 NW 86 Ct
Miami Fl 33015

8. Name and Address of New Registered Agent and/or Office

Name: Hector F Manrique

Street Address (Do NOT Use P.O. Box Number): 19040 NW 86 Ct

Street Address (Do NOT Use P.O. Box Number)

City and State: Miami FL Zip: 33015

9. 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: _____ Date: 9-18-98

REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: _____ Date: 9-18-98 Daytime Phone # 305 829 6243