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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 7101

APPLICATION
FOR
REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

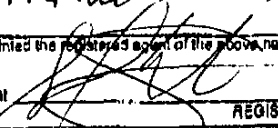
1. Name and Mailing Address of Corporation: DOCUMENT # P96 000064082		2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.	
Morman Inc 19040 NW 86 CT Miami FL 33015		Address Address City and State Zip Code	
		200002645922-0 09/22/98 01041-006 ****900.00 ****900.00	

3. Date Incorporated or Qualified To Do Business in Florida 7/31/96	4. FEI Number 65-0685430	FEI Number Applied For	5. ☐ CERTIFICATE OF STATUS DESIRED ☐
		FEI Number Not Applicable	

6. Names and Street Addresses of Each Officer and/or Director			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	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 13-9/21			

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent and/or Office	
Hector F MANRIQUE 19040 NW 86 CT Miami FL 33015		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 607.0308, F.S.

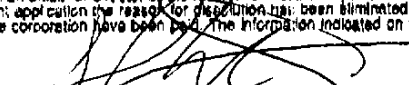
Signature of Registered Agent  Date 9-18-98

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 of the corporation or trustee empowered to execute this application as provided for in chapter 607 of 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