

1042

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -9 AM 11:09

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P96000072847

TAL MORR DMD, PA

2. Principal Office Address

20760 W. Dixie Hwy.

Suite, Apt. #, etc.

City & State

Miami

Zip

FL

Country

33180 USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 04-05
CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/29/96

5. FEI Number

650705835

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Tal Morr

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

20760 W. Dixie Hwy

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33180

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/7/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Tal Morr	1039 Van Buren St.	76114, FL 33013

10. 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

TAL MORR

Date

12/06/05 (SOS) 935-6066

Daytime Phone #

2 of 2

12/06/05



To Whom it may concern,

Last week I applied for a bank credit line under my corporation. I was told by the Banking Advisor that my corporation is not active. I went online to check and apparently, it has not been active for 2 years. I don't know what happened. I pay all of my bills. I do not remember ever receiving a renewal notice, warning, or any other document regarding my corporation. I called the florida department of state and they told me to write to you and send you a \$300.00 check. I hope this will correct the issue. I would also like to know how to guarantee that I receive the notice.

Thank you very much,



Tal Morr DMD