

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 30 PM 1:31

DOCUMENT # **P96000087014**

1. Corporation Name

**MORPHO CORPORATION**

Principal Place of Business

1255 BELLE AVENUE  
172  
WINTER SPRINGS FL 32708

Mailing Address

1048 PETAL COURT  
ORLANDO FL 32818



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/21/1996

5. FEI Number

59-3413960

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	CHO, HEUNG K	1048 PETAL COURT	ORLANDO FL 32818
V	YORK, STANLEY J	3967 QUEEN ANNE DR	ORLANDO FL 32839
D	SIM, JAE S	3728 GATLIN PLACE CIRCLE	ORLANDO FL 32812
D	HYUN MOON, SHIN	726 EIGHT AVE	NEW YORK NY 10036

8. Name and Address of Current Registered Agent

CHO, HEUNG K  
1048 PETAL COURT  
ORLANDO FL 32818

9. Name and Address of New Registered Agent

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

*SIGNATURE REQUIRED*

Date 10-13-00

REGISTERED AGENT MUST SIGN

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 REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-26-00

Daytime Phone #

(407) 696-7979