

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000090985

1. Corporation Name

FRANCES J MORRIS PH.D., INC.

Principal Place of Business

Mailing Address

1851 OLD EAGLE LAKE ROAD

P.O. BOX 1119

BARTOW FL 33830

HIGHLAND CITY FL 33846

US

US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1996

5. FEI Number

65-0725413

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MORRIS, FRANCES J PHD	1851 OLD EAGLE LAKE RD.	BARTOW FL 33830
			500004690185--1
			-11/21/01--01014--010
			1500.00 *750.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORRIS, FRANCES J

1851 OLD EAGLE LAKE ROAD

BARTOW FL 33830

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

REGISTERED AGENT MUST SIGN

Date

10-23-01

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

Frances J. Morris, PhD 10-23-01

Date

Daytime Phone #

FILED

01 OCT 29 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2001

CR2E040 (8/01)