PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC -9 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000094346

1. Corporation Name

MICHAEL C. MORRIS, M.D., P.A.

Principal Place of Business	Mailing Address
2117 OCEAN DRIVE NEW SMYRNA BEACH FL 32169	2117 OCEAN DRIVE NEW SMYRNA BEACH FL 32169

REINSTATEMENT 97

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
Michael C. Morris, M.D., P.A.	Michael C. Morris, M.D., P.A.
Suite, Apt. #, etc.: 501 LIVE OAK STREET	Suite, Apt. #, etc.: 501 LIVE OAK STREET
City & State: NEW SMYRNA BEACH, FL	City & State: NEW SMYRNA BEACH, FL
Zip: 32168 Country: USA	Zip: 32168 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/18/1996

5. FEI Number: 593413333 ☐ 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)

1 Title(s)	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 / State / Zip
D	MORRIS, MICHAEL C M.D.	2117 OCEAN DRIVE	NEW SMYRNA BEACH FL 32169

200002371252--2
-12/12/97--01111--002
****758.75 ****758.75

8. Name and Address of Current Registered Agent

HEEKIN, JAMES F JR
215 EOLA DRIVE
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name: JESSIE MCCOSKEY
Street Address (P.O. Box Number is Not Acceptable): 501 LIVE OAK STREET
Suite, Apt. #/Etc.:
City: New Smyrna Beach State: FL Zip Code: 32168

CR2E040 (8/97)

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: Jessie McCoskey — Date: 12-1-97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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., 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: Michael C. Morris, M.D. — Date — 904-428-3810 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR