

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1998 DEC -7 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000013102

1. Corporation Name

Morris International Investment, Inc.

H98-22685

Principal Place of Business

Mailing Address

767 Arthur Godfrey Road
Miami Beach, Florida 33140

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

4. Date Incorporated or Qualified
To Do Business in Florida

2/10/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65 0807855

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
Director	Michelino Massaglia	767 Arthur Godfrey Road	Miami Beach, Florida 33140

REINSTATEMENT '98

SCC 12-7-98

8. Name and Address of Current Registered Agent

Paul B. Steinberg, Esquire
767 Arthur Godfrey Road
Miami Beach Florida 33140

9. Name and Address of New Registered Agent

Name
Lauren H. Weber
Street Address (P.O. Box Number is Not Acceptable)
767 Arthur Godfrey Road
Suite, Apt. #, Etc.
City
Miami Beach
State
FL
Zip Code
33140

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0805, F.S.

Signature of
Registered Agent

Lauren H. Weber
REGISTERED AGENT MUST SIGN

Date December 4, 1998

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.

H98-22685

SIGNATURE:

Michelino Massaglia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/98
Date

Daytime Phone #