

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
In Spite
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -6 AM 8:01

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DOCUMENT # P99000011171

1. Corporation Name

MORSE FLOOR COVERING, INC.

Principal Place of Business

Mailing Address

~~4361 CORPORATE SQ. BLVD.~~
~~NAPLES FL 34104~~

~~4361 CORPORATE SQ. BLVD.~~
~~NAPLES FL 34104~~

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

2. New Principal Office Address, If Applicable

9148 Bonita Beach Rd

Suite, Apt. #, etc.

Suite 100

City & State

Bonita Springs FL

Zip

34135

Country

USA

3. New Mailing Office Address, If Applicable

9148 Bonita Beach Rd

Suite, Apt. #, etc.

Suite 100

City & State

Bonita Springs FL

Zip

34135

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/1999

5. FEI Number

65-0895967

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	4 City / State / Zip
P	MORSE, BRIAN	4361 CORPORATE SQ. BLVD. 9148 BONITA BEACH RD. #100	NAPLES FL 34104 BONITA SPRINGS FL 34135
M	MORSE, HEIDI	4361 CORPORATE SQ. BLVD.	NAPLES FL 34104 DELETE
S	MORSE, BRAD	4361 CORPORATE SQ. BLVD.	NAPLES FL 34104 DELETE
V	BRIAN D. Wynn	SAME	

8. Name and Address of Current Registered Agent

MORSE, BRIAN

~~4361 CORPORATE SQ. BLVD.~~ 9148 BONITA BEACH RD. #100
NAPLES FL 34104 BONITA SPRINGS FL 34135

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/22/02

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
BRIAN MORSE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/

Date

(239) 253-8487

Daytime Phone #

CR2E040 (8/02)

Morse Floor Covering, Inc.

October 28, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327

RE: Reinstatement Fee

Dear Division of Corporations:

We recently received the attached reinstatement form. We had not received anything prior to this and in reading the section titled "Important Facts" it came to our attention that since we did not receive anything other than this one form and it arrived after the due date, we are responsible only to send in the \$150.00 file fee without penalty along with this letter of explanation.

We have moved our office in the past few months and have been having a problem getting our mail (please note the correct address on the application form) and new officers. We would appreciate having our corporate status reinstated expediently. Should you have any questions regarding this matter feel free to contact Brian Morse, President, at (239)390-3567.

Thank you for your attention to this matter.

Sincerely,



Brian Morse, President
Morse Floor Covering, Inc.