

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 24 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PA9000011594

DAN MORGAN ENTERPRISES, INC.

2. Principal Office Address

306 BEACH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

180 CANAL VIEW BLVD

Suite, Apt. #, etc.

SUITE 100

City & State

ROCHESTER, NY

City & State

ROCHESTER, NY

Zip

14612

Country

US

Zip

14623

Country

US

REINSTATEMENT

00-03

4. Date Incorporated or Qualified
To Do Business in Florida

02/03/1999

5. FEI Number

65-0893279

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BRIAN C. DEUSCHLE

700024980237

Street Address (P.O. Box Number is Not Acceptable)

800 SOUTHEAST THIRD AVENUE

11/24/03--01084--024 **1201.00

Suite, Apt. #, Etc.

400

City

FORT LAUDERDALE

State

FL

Zip Code

33316

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 11/24/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	DANIEL J. MORGAN	306 BEACH AVE	ROCHESTER, NY 14612
SECRETARY	CHARLES D. MORGAN	70 WESTMINSTER ROAD	ROCHESTER, NY 14607

10. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20 03

Date

585-621-6724
Daytime Phone #

CR2E081 (10/02)