

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

6

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P99000030015

00 OCT 26 PM 4:49

1. Corporation Name

SHERWOOD-MORRIS, INC.

Principal Place of Business

Mailing Address

1214 FRUIT COVE DRIVE SOUTH
JACKSONVILLE FL 32259

1214 FRUIT COVE DRIVE SOUTH
JACKSONVILLE FL 32259



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

03/29/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

Applied For

59-3570716

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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
PD	SHERWOOD, LISA LENORA	1214 FRUIT COVE SOUTH	JACKSONVILLE FL 32259
STD	MORRIS, SAMMY	9532 103RD STREET	JACKSONVILLE FL 32210

800003459668--6
-11/09/00--01115--005
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NIPPER, JAMES L
200 WEST FORSYTH STREET, SUITE C6
JACKSONVILLE FL 32202

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Jacksonville Beach

FL

32250

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]

REGISTERED AGENT MUST SIGN

Date 10/20/00

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]
SHERWOOD

10/20/00 904 287-8082

Date

Daytime Phone #



✓Income Tax Service
✓Financial & Insurance Services
✓Accounting & Bookkeeping Services

320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

October 23, 2000

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, FL 32314

Re: Profit Corporation Annual Report
Document P99000030015 – Sherwood-Morris, Inc.

Dear Sir/Madam,

Please see the attached Uniform Business Report for our client listed above. We are requesting that you accept her Application For Reinstatement and her payment of \$150.00, for the year 2000.

Ms. Sherwood, President of the above Corporation, did not receive her report for the 2000 registration period. She has only received the enclosed Application notice. Ms. Sherwood has always been very conscientious about forwarding all government paperwork to us and paying all yearly fees timely. She has not changed addresses and does not understand why she did not receive any information before this time.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,


Beverlee A. Flowers, E.A.

Enclosure: Check #1789
Application For Reinstatement