

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY -7 PM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000041335**

1. Corporation Name

MORRIS CONSTRUCTION ENTERPRISE INC.

2. Principal Office Address

17533 Silver Creek Ct

Suite, Apt. #, etc.

3. Mailing Office Address

17533 Silver Creek Ct

Suite, Apt. #, etc.

City & State

Clermont Florida

City & State

Clermont Florida

Zip

34711

Country

USA

Zip

34711

Country

USA

4. Date incorporated or Qualified
To Do Business in Florida

MAY 16 1999

5. FEI Number

59-3580127

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

Desiree Pridemore

200036200262

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

17533 Silver Creek Ct

Suite, Apt. #, Etc.

05/12/04 01048 031 **750.00

Clermont

State
FL

Zip Code

34711

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

Desiree Pridemore

REGISTERED AGENT MUST SIGN

Date **4/27/2004**

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
OWNER	STEPHEN DEPASS MORRIS	17533 Silver Creek Ct	Clermont FL 34711
CEO	DONNA BLAKE	2393 Lake Debra Dr. #1612	Orlando, FL 32835

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:

Stephen Depass Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 352-243-4802
Date Daytime Phone #

CFR2061 (01/04)

17533 SILVER CREEK COURT
CLERMONT, FLORIDA 34711

Department of Corporations
409 East Gaines
Tallahassee, Florida 32399
Attention:

Dear Department of Corporations:
Subject: Waiver

Our company did not receive the annual reports from the State, Our Company did not receive any reports from the State for two years, and there was no business in progress at that time, due to new management of the company and a medical leave. We are now starting the business over, and very much need to be reinstated, so we can resume back to business.

The new business address is - 17533 Silver Creek Court, Clermont, Florida 34711 and the new number is (352) 243-4802. If you have any other questions please feel free to call and ask for Desiree Pride more.

Thank you very much with your time and help with this matter. you very much with your time and help with this matt

Sincerely yours,
Morris Construction INC.
cc: Sean Toner