

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000044454

1. Corporation Name

MORRISON APPRAISAL, INC.

Principal Place of Business

6113 B CLARK CENTER AVE
SARASOTA FL 34238
US

Mailing Address

P.O. BOX 25595
SARASOTA FL 34277-2595

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/1999

5. FEI Number

65-0920098

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	MORRISON, KEVIN R	7045 WESTWOOD DRIVE	SARASOTA FL 34241
VD	MORRISON, JOAN F	7045 WESTWOOD DRIVE	SARASOTA FL 34241

200008829752
11/06/02--01073--019 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Kevin Morrison

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

10113 B Clark Center Ave

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34238

CR2E040 (8/02)

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

Kevin R. Morrison

Date 10/28/02

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin R. Morrison

10/28/02 944-929-9699

Date Daytime Phone #



PROPERTY DAMAGE APPRAISERS

Florida Dept of State
Division of corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

I did not recall receiving the two prior requests for my corporate docs/annual reports. I am enclosing the completed Application for Reinstatement and a check in the amount of \$150.00.

Thanks for your understanding.

Kevin R. Morrison
President