

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY 10 AM 8:00

DOCUMENT # P99000066163

1. Corporation Name

MORRIS HOME DAY CARE, INC.

2. Principal Office Address  
2630 DORENA DR

3. Mailing Office Address  
2630 DORENA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
ORLANDO, FL

City & State  
ORLANDO, FL

Zip  
32839

Country

Zip  
32839

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 7/19/1999

5. FEI Number  
59-3591168

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  
SONDER M MORRIS

Street Address (P.O. Box Number is Not Acceptable)  
2630 DORENA DR

Suite, Apt. #, Etc.

City  
ORLANDO

State  
FL

Zip Code  
32839

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

Date 5-6-04

REGISTERED AGENT MUST SIGN

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
P/S/D-	SONDER M MORRIS	2630 DORENA DR	ORLANDO FL-32839

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SONDER M MORRIS 5-6-04

Date

321-689-8482

Daytime Phone #

CR2E081 (01/04)