

2005 FOR PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|---|--|---------------------------------|---------|--|--|---|--|
| DOCUMENT # V08628 1. Entity Name MORRIS FAMILY CORPORATION | | | | | | FILED 05 JUN 15 PM 12:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 3408 INVERNESS DR CHEVY CHASE, MD 20815-5623 US | | | | Mailing Address 3408 INVERNESS DR CHEVY CHASE, MD 20815-5623 US | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| MORRIS, DAVID 13029 MEADOWBREEZE DRIVE WELLINGTON, FL 33414 | | | | Name Neal W. Knight, Jr. Street Address (P.O. Box Number is Not Acceptable) c/o Alley, Maass et al 321 Royal Poinciana Plaza, South City Palm Beach, FL Zip Code 33480-0431 | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | | 06/13/05 <small>DATE</small> | |
| FILE NOW!!! FEE IS \$900.00 | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORRIS, DWIGHT A 1721 ALLARD RD. CHAPEL HILL, NC 27514 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DWIGHT MORRIS 206 W. BARBEE CHAPEL ROAD CHAPEL HILL, NC 27517 | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD MORRIS, ROBERT A 3408 INVERNESS DRIVE CHEVY CHASE, MD 20815 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 700056152687 06/14/05--01049--012 **908.75 | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GEORGE, DEBORAH M 4182 OAKWOOD DR. WILLIAMSVILLE, NY 14221 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD DAVID MORRIS 9000 LUCERNE COURT WAXHAW, NC 28173 | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | 6/3/05 <small>Date</small> | |
| | | | | | | 240-333-1068 <small>Daytime Phone #</small> | |