

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT 11 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07



DOCUMENT # V41156 1. Entity Name KENNETH D. MORSE, P.A.					
Principal Place of Business 390 N ORANGE AVE SUITE 2100 SUITE 1840 ORLANDO, FL 32801 US		Mailing Address 390 N ORANGE AVE SUITE 2100 ORLANDO, FL 32801 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3125845	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent: MORSE, KENNETH D 390 N ORANGE AVE SUITE 2100 SUITE 1840 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name: <u>SOME</u> Street Address (P.O. Box Number is Not Acceptable): <u>390 N. ORANGE AVE SUITE 1840</u> City: <u>SOME</u> FL Zip Code: <u>SOME</u>			
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>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE: <u>10-4-07</u>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MORSE, KENNETH D 390 N ORANGE AVE., SUITE 2100 SUITE 1840 ORLANDO, FL 32801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	→ 390 N. ORANGE AVE. SUITE 1840	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10/11/07--01003--002 **150.00 000110606540	
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	
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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 files empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>10-4-07</u>		DAYTIME PHONE #: <u>407-422-2411</u>	

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