

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M04000004331

1. Limited Liability Company's Name

The Morgan Group of Florida, LLC

2. Principal Office Address - No P.O. Box #

1060 W. Silverbell Road

3. Mailing Office Address

1060 W. Silverbell Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orion Township, MI

City & State

Orion Township, MI

Zip

48359

Country

USA

Zip

48359

Country

USA

8. Name and Address of Current Registered Agent

Name

Carlos Varas

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

3464 S.W. 15th Street

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33442

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Carlos Varas

REGISTERED AGENT MUST SIGN

Date

4/17/07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM	Michael Hornung	1060 W. Silverbell Road	Orion Township, MI 48359
MGRM	Bradford J. Simon	1060 W. Silverbell Road	Orion Township, MI 48359
MGRM	J. Michael Clapperton	1060 W. Silverbell Road	Orion Township, MI 48359
MGRM	Kevin O'Malley	1060 W. Silverbell Road	Orion Township, MI 48359

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Michael Hornung

Date

4/17/07

Daytime Phone #

248-232-0010

Typed or printed name of signing Managing Member/Manager

Michael Hornung, Managing Member

FILED

07 APR 19 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

05-07

CR2E041 (1/07)

4. State/Country of Formation

Michigan

5. Date Organized or Qualified
To Do Business in Florida

October 11, 2004

6. FEI Number

77-0649757

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.