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FILED
03 OCT 22 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 301A00018123

1. Limited Liability Company's Name
Morrissette Development, LLC

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
	c/o Morrissette Electric
Suite, Apt. #, etc.: 513 N. HYER AV	Suite, Apt. #, etc.: 2463 Regent St, Ste A
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32803 Country: ORANGE	Zip: 32804 Country: ORANGE

4. State/Country of Formation: Orange County / FLORIDA
5. Date Organized or Qualified To Do Business in Florida: 3/26/01
6. FEI Number: 59-3715330 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status.

8. Name and Address of Current Registered Agent

Name: JEAN A. MORRISSETTE
400024019474
10/22/03--01058--016 **150.00
Street Address (P.O. Box Number is Not Acceptable): 2463 Regent St,
Suite, Apt. #, Etc.: Suite A
City: ORLANDO State: FL Zip Code: 32804

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: MGRM Date: 10/21/03
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	JEAN A. Morrissette	513 N. HYER AV.	ORLANDO FL 32803
MGRM	MARY ANN Morrissette	513 N HYER AV	ORLANDO, FL 32803

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: Mary Ann Morrissette Secretary Date: 10/21/2003 Daytime Phone#: 407 897-2229 EXT 20

Typed or printed name of signing Managing Member/Manager: MARY ANN Morrissette, Sec/Treas, MGRM