

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT 31 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600112029466
11/06/07--01013--013 **155.00

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000008708

1. Limited Liability Company's Name

MOREHOUSE TECHNOLOGIES, LLC

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

16155 SW 117th Ave

Suite, Apt. #, etc.

12

City & State

MIAMI FL

Zip

33177

Country

USA

3. Mailing Office Address

16155 SW 117th Ave

Suite, Apt. #, etc.

12

City & State

MIAMI FL

Zip

33177

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

5/31/01

6. FEI Number

05-1125922

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

JONATHAN L. DORR

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

16155 SW 117th Ave

Suite, Apt. #, Etc.

12

City

MIAMI

State

FL

Zip Code

33177

☒ 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.

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

[Signature]

Date 10/29/07

REGISTERED AGENT MUST SIGN

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
MMGR	JONATHAN L. DORR	16155 SW 117th Ave #12	MIAMI FL 33177

REINSTATEMENT

2005-2007

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

[Signature]

Date 10/29/07 Daytime Phone #

305/256-2636

Typed or printed name of signing Managing Member/Manager