L01000008708

FROM : ... FAX ... 11:35AM P1

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB -3 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000008708

Name and Mailing Address

0002904 01 FF 0.352 **PRSNT T9 0 0615 33177-160099

MOREHOUSE TECHNOLOGIES, LLC
16155 SW 117TH AVE
SUITE 14
MIAMI FL 33177-1600

700010668887
01/23/03--01040--001 **200.00

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
05/31/2001

Principal Place of Business
16155 SW 117TH AVE
SUITE 14
MIAMI FL 33177

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
65-1125922

☐ 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

DOTSON, JONATHAN L
16155 SW 117TH AVE
SUITE 14
MIAMI FL 33177

9. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

10. 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 _____ Date 1.21.03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	JONATHAN L. DOTSON	17901 SW 78 AVE	MIAMI FL 33157

REINSTATEMENT 2002 - 2003

12. 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 _____ Date 1.21.03 Daytime Phone # 786.412.2104

Typed or printed name of signing Managing Member/Manager