

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 APR 25 PM 3: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200101709402  
05/07/07--01022--025 \*\*50.00

CR2E041 (1/07)

DOCUMENT # L02000010216

1. Limited Liability Company's Name

Morse Lakes, LLC

05

2. Principal Office Address - No P.O. Box #  
5851 Timuquana Rd

3. Mailing Office Address  
5851 Timuquana Rd

Suite, Apt. #, etc.  
Suite 301

Suite, Apt. #, etc.  
Suite 301

City & State  
Jacksonville, FL

City & State  
Jacksonville, FL

Zip  
32210

Country  
USA

Zip  
32210

Country  
USA

4. State/Country of Formation  
Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida 4/23/02

6. FEI Number  
02-0611272

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  
Atlee, Kenyon S.

Street Address (P.O. Box Number is Not Acceptable)  
5851 Timuquana Rd

BK

Suite, Apt. #, Etc.  
301

City  
Jacksonville

State Zip Code  
FL 32210

☐ 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 /s/ KENYON S. ATLEE

Date

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
P	Atlee, Kenyon S.	5851 Timuquana Rd	Jacksonville, FL 32210
VP	Crisp, Dale K.	4501 Beverly Ave	Jacksonville, FL 32210
			200101709402 05/07/07--01022--026 **200.00

REINSTATEMENT 2605-2007

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 *Kenyon S. Atlee* Date 4/23/07 Daytime Phone # 904-384-6964

Typed or printed name of signing Managing Member/Manager Kenyon S. Atlee