

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

FILED

03 DEC 12 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000028420

Name and Mailing Address

0011235 01 AT 0.292 **AUTO T2 1 0615 34741-752475



MORROW CONSTRUCTION, L.L.C.
3275 HAWK'S NEST DRIVE
KISSIMMEE FL 34741-7524



2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

Date Organized or Qualified
To Do Business in Florida

10/25/2002

Principal Place of Business

3275 HAWK'S NEST DRIVE
KISSIMMEE FL 34741

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

EIN 16-1636600

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

MORROW, JAMES R
3275 HAWK'S NEST DRIVE
KISSIMMEE FL 34741

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

James R. Morrow
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-8-03

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
MEM	JAMES R MORROW	3275 HAWKS NEST DRIVE KISSIMMEE, FL 34741	KISSIMMEE, FL 34741

700024328657
10/31/03--01022--009 **150.00

REINSTATEMENT

2003
12/19 mst

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

James R. Morrow
SIGNATURE REQUIRED
12-8-03

Daytime Phone # 407-931-2819

Typed or printed name of signing Managing Member/Manager