

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 13 AM 10:42

DOCUMENT # L02000030292

1. Limited Liability Company's Name

THE MORGAN GROUP, LLC

2. Principal Office Address

6262 STURBRIDGE CT

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34238

Country

U.S.A

3. Mailing Office Address

6262 STURBRIDGE CT

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34238

Country

U.S.A

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/12/2002

6. FEI Number

03-0497417

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

GEOFFREY M. SAUNOOKE

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

6262 STURBRIDGE CT

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34238

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

REGISTERED AGENT MUST SIGN

Date

8/12/05

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	GEOFFREY M. SAUNOOKE	6262 STURBRIDGE CT	SARASOTA, FL 34238
MGRM	MORGAN L. SAUNOOKE	6262 STURBRIDGE CT	SARASOTA, FL 34238

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

X Morgan L. Saunooke

Date

X 4/29/05

Daytime Phone #

X (941) 924-4121

Typed or printed name of signing Managing Member/Manager

Morgan L. Saunooke