

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

04 NOV -8 AM 11:33

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L03000050836

1. Limited Liability Company's Name

Morning Management, LLC

2. Principal Office Address C/O Santiago Steed,
 Fortune International
 1300 Brickell Ave.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Office Address C/O Santiago Steed,
 Fortune International

Suite, Apt. #, etc.

1300 Brickell Ave

City & State

MIAMI, FL

Zip

33131

Country

USA

4. State/Country of Formation

Florida, USA

**5. Date Organized or Qualified
To Do Business in Florida**

12/08/2003

6. FEI Number

Temp: 20-1782524

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

CFRA, LLC

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

Corporate Center Three at Intl Plaza

Suite, Apt. #, Etc.

4221 W. Boy Scout Blvd, 10th Floor

City

Tampa

State

FL

Zip Code

33131

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

Date 10/22/04

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
Mgr	David Dichi Abadi	1300 Brickell Ave.	MIAMI, FL 33131
Mgr	Jose Cherem Sutton	1300 Brickell Ave.	MIAMI, FL 33131
			700042561307 11/08/04--01054--023 **155.00
			REINSTATEMENT

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

Date 10/22/04

Daytime Phone# 305-351-1000

Typed or printed name of signing Managing Member/Manager Jose Cherem Sutton