


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

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| DOCUMENT # L04000045940 | |  |
| 1. Entity Name THOMAS MORSE LLC | | |

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| Principal Place of Business 75 ANDREW LANE CRAWFORDVILLE, FL 32327 | Mailing Address 75 ANDREW LANE CRAWFORDVILLE, FL 32327 |
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| 2. Principal Place of Business - No P.O. Box # 8555 Kimbo Rd | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State Tallahassee, FL | City & State |
| Zip 32305 | Country |

FILED
07 FEB -9 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02092007 REIN-LLC CR2E101 (1/07)

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|---|--------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MORSE, THOMAS 75 ANDREW LANE CRAWFORDVILLE, FL 32327 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8555 Kimbo Rd Tallahassee, FL City FL Zip Code 32305 |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Thomas R Morse (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$100.00 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MORSE, THOMAS 75 ANDREW LANE CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Morse Thomas 8555 Kimbo Rd Tallahassee, FL 32305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300088224513 02/13/07--01035--001 **100.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Thomas Morse 2/9/07 1850-519-2076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #