

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000070689

1. Limited Liability Company's Name

MORGAN MARIN LLC

2. Principal Office Address - No P.O. Box #

19817 Wetherby Ln

Suite, Apt. #, etc.

City & State

Lutz

Florida

Zip

33549

Country

USA

3. Mailing Office Address

19817 Wetherby Ln

Suite, Apt. #, etc.

City & State

Lutz

Florida

Zip

33549

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FFL Number

20-3802629

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

JERRY MARINO

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

2222 BELCHERY COURT DRIVE

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33764

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 26 Oct 07

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	Vernon E. Morgan	19817 Wetherby Ln	Lutz/ Florida/ 33549

REINSTATEMENT 05-07 **LS**

100111562951
11/01/07--01004--017 **450.00

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

Vernon E Morgan

Date 26 Oct 07

Daytime Phone # 850-218-0850

Typed or printed name of signing Managing Member/Manager Vernon E. Morgan