

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR -5 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L05000050683

1. Limited Liability Company's Name

Morehead Investments LLC

2. Principal Office Address - No P.O. Box #
3210 Stiverson Rd

Suite, Apt. #, etc.

City & State

Land O'Lakes, Fl.

Zip
34639

Country
USA

3. Mailing Office Address

3210 Stiverson Rd

Suite, Apt. #, etc.

City & State

Land O' Lakes, Fl.

Zip
34639

Country
USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida **05/20/05**

6. FEI Number
20-2879397

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
Chad Ralston

Street Address (P.O. Box Number is Not Acceptable)
3210 Stiverson Road

Suite, Apt. #, Etc.

City
Land O' Lakes

State
FL

Zip Code
34639

☒ 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

REGISTERED AGENT MUST SIGN

Date **5-20-07**

GR

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
MG	Chad Ralston	3210 Stiverson Rd	Land O'Lakes, FL 34639

900095485519
04/11/07--01027--026 **155.00

REINSTATEMENT 06-07

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 **4-2-07**

Daytime Phone# **813-949-0455**

X 221

Typed or printed name of signing Managing Member/Manager