

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

Date

**3-20-07**

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
<del>MEM</del> MGM	<b>Chad Ralston</b>	<b>3210 Stiverson Rd</b>	<b>Land O'Lakes, FL 34639</b>

300095485519  
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