PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 MAR 27 PM 3:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L06000080620

1. Limited Liability Company's Name

Mount Moran Investments, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2531 Hoddam Ct.		2531 Hoddam Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Naperville, IL		City & State: Naperville, IL	
Zip: 60564	Country: USA	Zip: 60564	Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: August 15, 2006

6. FEI Number: 20-5382276 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name: Pathfinder Business Strategies, LLC

Street Address (P.O. Box Number is Not Acceptable): 10315 102nd Terrace

Suite, Apt. #, Etc.:

City: Sebastian | State: FL | Zip Code: 32958

☑ 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: Drew Hilston Pathfinder Business Strategies, LLC Date: 12-31-07

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Barry F. Jensen	2531 Hoddam Ct.	Naperville, IL 60564
MGRM	Holly Parker Jensen	2531 Hoddam Ct.	Naperville, IL 60564
	REINSTATEMENT 01.08		

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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: Barry F. Jensen Date: 3/14/08 Daytime Phone #: 800-618-3562

Typed or printed name of signing Managing Member/Manager: Barry F. Jensen