

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 DEC 22 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700163883017  
12/22/09--01004--023 \*\*138.75

CR2E041 (11/09)

DOCUMENT # L07000023173

1. Limited Liability Company's Name

Morning Glory Ranch, LLC

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

4330 Buttercup Way

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

Country

32311

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

3-01-2007

6. FEI Number

20-8560036

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

Michele B. Hill

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

4330 Buttercup Way

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32311

☒ 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

Michele B. Hill

Date

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
MEM	Michele B. Hill	4330 Buttercup Way	Tallahassee, FL 32311
	L. SELLERS		
	DEC 22 2009		
	EXAMINER		

11. E-mail Address

(To be used for future annual report notifications)

12. 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

Michele B. Hill

Date 12/22/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager