

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2017 AUG 19 PM 1:35

DOCUMENT # L07000023173

Limited Liability Company's Name

MORNING Glory Ranch, LLC

FILED
PHASSE

700302359837
08/09/17--01005--014 **\$55.00

CR2E041 (12/13)

1. Principal Office Address - No P.O. Box # <u>1115 Beachum Dr.</u>		3. Mailing Office Address <u>Same</u>	
Suite, Apt. #, etc. <u>n/a</u>		Suite, Apt. #, etc. <u>n/a</u>	
City & State <u>Tallahassee, FL</u>		City & State <u>Tallahassee, FL</u>	
Zip <u>32301</u>	Country <u>Leon</u>	Zip <u>32301</u>	Country <u>Leon</u>

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☐ 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 <u>Michele B. Hill</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1115 Beachum Dr.</u>			
Suite, Apt. #, Etc. <u>n/a</u>			
City <u>Tallahassee</u>	State <u>FL</u>	Zip Code <u>32301</u>	

E-mail Address:

mhillson7@gmail.com
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent Michele B. Hill

Date 8/9/17

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles (MBR/MGR)	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
Pres.	Michele B. Hill	1115 Beachum Dr.	Tallahassee, FL 32301
Manager	Amanda Lanway	1921 N.W. 50th St.	Miami, FL 33142
REINSTATEMENT			
2014 - 2017			

1. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of
Authorized Person Michele B. Hill

Date 8/9/17

Daytime Phone # 850-545-8735

Typed or printed name of signing Authorized Person

M Hill