

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2011 JUN -3 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 07000040848**

1. Limited Liability Company's Name

WP Morgan Enterprises, LLC

300208452333
06/06/11--01001--007 **377.50

CR2E041 (1/11)

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

500 Bl Capital Cir SE

3. Mailing Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32301

Country

LCOM

Zip

Country

4. State/Country of Formation

US

5. Date Organized or Qualified
To Do Business in Florida

4-17-07

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

Wesley P. Morgan

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

1050 Rainbows End Rd

Suite, Apt. #, Etc.

City

Waukegan, IL

State

FL

Zip Code

32344

E-mail Address:

N/A

(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 608, F.S.

Signature of
Registered Agent

[Signature]

Date **6-3-11**

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
Mgrm	Wesley Morgan	1050 Rainbows End Rd	Waukegan, IL

REINSTATEMENT
2010-11

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. 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 Managing
Member/Manager

[Signature]

Date **6-3-11**

Daytime Phone # **2510062**

Typed or printed name of signing Managing Member/Manager