


2016 LIMITED LIABILITY COMPANY REINSTATEMENT

| | | |
|---|--|---|
| DOCUMENT # L07000040848 | |  |
| 1. Entity Name W.P. MORGAN ENTERPRISES, L.L.C. | | |

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|---|---|
| Principal Place of Business 500B1 CAPITAL CIRCLE SE TALLAHASSEE, FL 32301 | Mailing Address 500B1 CAPITAL CIRCLE SE TALLAHASSEE, FL 32301 |
|---|---|

| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

10192016 REIN-LLC CR2E101 (12/11)

| | |
|---------------------------------|--|
| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
|---------------------------------|--|

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent MORGAN, WESLEY P 1050 RAINBOWS END RD MONTICELLO, FL 32344 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|---|--|--|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 10/19/2016

Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)

| | |
|--|--|
| FILE NOW!!! FEE IS \$238.75 After January 1, 2017, Fee will be \$377.50 | Make check payable to Florida Department of State |
|--|--|

| | | | |
|--|--|--|---|
| 9. MANAGING MEMBERS/MANAGERS | | 10. | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM MORGAN, WESLEY P 1050 RAINBOWS END RD MONTICELLO, FL 32344 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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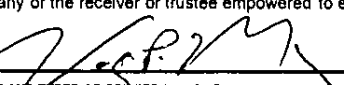
600291420846
10/19/16--01006--011 **477.50

REINSTATEMENT

OCT 19 2016

R. HUNT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE _____ E-MAIL ADDRESS _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE