

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2018 MAY 11 PM 12:49

SECRETARY OF STATE
TALLAHASSEE FL 32301

CR2E041 (12/13)

DOCUMENT # **L07000040848**

1. Limited Liability Company's Name

W.P. Morgan Enterprises, L.L.C.

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

500 B1 Capital Cir. SE

Suite, Apt #, etc.

3. Mailing Office Address

Suite, Apt #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32301

Country

Zip

32301

Country

4. State/Country of Formation

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

Monticello

State
FL

Zip Code
32301

E-mail Address:

800313367978
05/11/18--01004--011 **382.50

(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

W.P.M.

Date **5-11-18**

REGISTERED AGENT MUST SIGN

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

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Wesley P. Morgan	1050 Rainbows End Rd	Tallahassee, FL 32301

2017-2018

11. 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

W.P.M.

Date **5-11-18**

Daytime Phone # **850 251 0062**

Typed or printed name of signing Authorized Person

MAY 11 2018