

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 16 AM 10:04

DOCUMENT # L07000059831

1. Limited Liability Company's Name

~~EWART MORGAN LLC~~ (C)
EWART Morgan Sanitorial Service LLC

400138516354
12/05/08--01040--007 **153.75

CR2E041 (8/05)

2. Principal Office Address

3520 SW 35th St

Suite, Apt. #, etc.

3. Mailing Office Address

3520 SW 35th St

Suite, Apt. #, etc.

City & State

West Park FL

City & State

West Park FL

Zip

33023

Country

USA

Zip

33023

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

08/05

6. FEI Number

26-2164360

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

Ewart Morgan

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

3520 SW 35th St

Suite, Apt. #, Etc.

City

West Park FL

33023

State

FL

Zip Code

33023

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

Ewart Morgan
REGISTERED AGENT MUST SIGN

Date 12/02/08

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
<u>OWNER</u>	<u>EWART Morgan</u>	<u>3520 SW 35th St</u>	<u>West Park FL 33023</u>

REINSTATEMENT 2008

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.

Signature of
Managing Member/Manager

Ewart Morgan

Date

12/02/08

Daytime Phone #

954235/2694

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
08 DEC 16 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 10, 2008

EWART MORGAN JANITORIAL SERVICE LLC
3520 SW 35TH ST
WEST PARK, FL 33023

SUBJECT: EWART MORGAN JANITORIAL SERVICE LLC
Ref. Number: L07000059831

We have received your document for EWART MORGAN JANITORIAL SERVICE LLC and your check(s) totaling \$153.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please list your Document number.

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 008A00059891