PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS
2020 JAN 24 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

400339751664
01/24/20--01025--005 **35.00

400339751664
01/24/20--01010--005 **238.75

CR2E041 (1/14)

DOCUMENT # L13000106635

1. Limited Liability Company's Name
120702 HENRY MORGAN, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
21391 Harborside Blvd	21391 Harborside Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte, FL	City & State: Port Charlotte, FL
Zip: 33952 Country: USA	Zip: 33952 Country: USA

4. State/Country of Formation: Charlotte County, Florida

5. Date Organized or Qualified To Do Business in Florida: 07/26/2013

6. FEI Number: N/A — ☐ 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: Mark V. Silverio

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 255 8th Street South

City: Naples State: FL Zip Code: 34102

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: [signature] Date: 1/20/20

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Duncan SCARRY	21391 Harborside Blvd.	Port Charlotte, FL 33952

REINSTATEMENT

JAN 24 2020
R. HUNT

11. E-mail Address: Msilverio@silverionall.com
(To be used for future annual report notification)

12. I certify that I am an authorized representative/manager or the receiver or trustee 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 requirement of section 605.0112, 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 representative/member: X [signature] Date: 1/17/20 Daytime Phone #:

Typed or printed name of signing authorized representative/member: