

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 JUL 14 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L95000000817

**1. Limited Liability Company's Name**

144, L.C.

CR2E041 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> 2419 Lucky John Drive Suite, Apt. #, etc. City & State Park City, UT Zip 84060 Country US		<b>3. Mailing Office Address</b> 2419 Lucky John Drive Suite, Apt. #, etc. City & State Park City, UT Zip 84060 Country US	
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**4. State/Country of Formation**  
FL

**5. Date Organized or Qualified  
To Do Business in Florida** 1998

**6. FEI Number**  
65-0642300

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  
Stewart F. Gross  
Street Address (P.O. Box Number is Not Acceptable)  
5201 Blue Lagoon Drive  
Suite, Apt. #, Etc.  
Suite 550  
City  
Miami  
State  
FL  
Zip Code  
33126

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

**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

Date July 9, 2008

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	Stewart F. Gross	2419 Lucky John Drive	Park City, UT 84060
MGRM	Jody M. Gross	2419 Lucky John Drive	Park City, UT 84060

**REINSTATEMENT** 05-08 BA

200132923112  
07/15/08--01006--020 \*\*555.00

**11. I certify that I am managing member/manager of 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

Date July 9, 2008

Daytime Phone # 435-658-2828

Typed or printed name of signing Managing Member/Manager Stewart F. Gross