

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 22 PM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L98000002822**

1. Limited Liability Company's Name

C/MOR ENTERPRISES, L.L.C.

untn
12/28

2. Principal Office Address

22843 Bluegill Ln

Suite, Apt. #, etc.

3. Mailing Office Address

22843 Bluegill Lane

Suite, Apt. #, etc.

City & State

Cudjoe Key FL

Zip

33042

Country

UNITED STATES

City & State

Cudjoe Key, FL

Zip **33042**

Country

United

States

4. State/Country of Formation

FLORIDA USA

5. (Date Organized or Qualified)
To Do Business in Florida

11/17/98

6. FEI Number

562114045

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

WILLIAM E. ANDERSEN, ESQ. C/O THE ANDERSEN FIRM

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

501 WHITEHEAD STREET

Suite, Apt. #, Etc.

400003088064-1

-01/05/00--01/05--003

******150.00 ****150.00**

City

KEY WEST

State

FL

Zip Code

33040

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

William E. Andersen

Date **12/5/99**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
Mike Morawski, Chief Manager	22843 Bluegill Lane	Cudjoe Key, FL 33042

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

Michael A. Morawski

Date **11/8/99**

Daytime Phone #

305 294-1136

Typed or printed name of signing Managing Member/Manager

MICHAEL A. MORAWSKI