

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT #

1. Limited Liability Company's Name

L99-7156
MORGAN + MASTERSON LLC

REINSTATEMENT 2000

2. Principal Office Address

2102 Appleton Court

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS

Zip

33403-1147

Country

USA

3. Mailing Office Address

2102 Appleton Court

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS

Zip

33403-1147

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

October 30, 1999

6. FEI Number

65-096 5376

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

NANCY S. O'DONNELL

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

2102 Appleton Court

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33403-1147

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

Nancy S. O'Donnell
REGISTERED AGENT MUST SIGN

Date

November 3, 2000

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
<i>MGRM</i>	<i>NANCY S. O'DONNELL</i>	<i>2102 Appleton Court</i>	<i>PALM BEACH GARDENS, FL 33403</i>
<i>MGRM</i>	<i>MARGARET M. O'DONNELL</i>	<i>12 PLACE du Petit Sablon</i>	<i>1000 BRUSSELS, Belgium</i>
<i>MGRM</i>	<i>DAVID F. WILLIAMS</i>	<i>HAYDAN Cottage, Castle Hill</i>	<i>KINGSWOOD WARRINGTON WA66JS UK</i>

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

Margaret M. O'Donnell

Date *Oct 30, 2000* Daytime Phone # *+32.2.502.7375*

Typed or printed name of signing Managing Member/Manager *MARGARET M. O'DONNELL*

CR2E041 (9/99)