

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

01 DEC 17 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000001454

1. Limited Liability Company's Name

MOORE DP, LLC

2. Principal Office Address

1441 SUNSHINE LANE

Suite, Apt. #, etc.

City & State

LEXINGTON, KY

Zip

40505

Country

USA

3. Mailing Office Address

1441 SUNSHINE LANE

Suite, Apt. #, etc.

City & State

LEXINGTON, KY

Zip

40505

Country

USA

4. State/Country of Formation

DE

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

6. FEI Number

611372008

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

600004739296-8

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

1200 SOUTH PINE ISLAND RD.

-12/26/01--01069--019

****150.00 ****150.00

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

Susan J. Metz

Susan J. Metz

Assistant Secretary

Date

12/4/01

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
PRES	PHELPS, G. JAMES	621 LAKESHORE DR.	LEXINGTON, KY 40505

REINSTATEMENT

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

James Phelps

Date

12/12/01

Daytime Phone #

(859) 299-6288

Typed or printed name of signing Managing Member/Manager

C. JAMES PHELPS

CR2E041 (9/01)