

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT

DIVISION OF CORPORATIONS

FILED

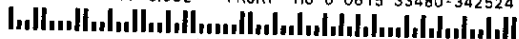
1. DOCUMENT # M01000002263

Name and Mailing Address

02 NOV -5 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0010055 01 FP 0.352 \*\*PRSR H6 0 0615 33480-342524



MORGAN WALKER, LLC  
624 NORTH LAKE WAY  
PALM BEACH FL 33480-3425



2. New Mailing Address

City, State, Zip

Principal Place of Business

624 NORTH LAKE WAY  
PALM BEACH FL 33480

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

DE

5. Date Organized or Qualified  
To Do Business in Florida

10/01/2001

6. FEI Number

74-3009706

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

RYAN, BAIRD W  
624 NORTH LAKE WAY  
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name

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

900008789589

11/04/02--01033--006 \*\*150.00

City

FL

Zip Code

10. 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

REGISTERED AGENT MUST SIGN

Date 10.28.02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	RYAN, BAIRD W	624 NORTH LAKE WAY	PALM BEACH FL

REINSTATEMENT 2002

12. 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

Date 10.28.02 Daytime Phone # 561.844.8849

Typed or printed name of signing Managing Member/Manager

BAIRD

CR2E084 (8/02)