

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

▲ Tear Here ▲ ▲ Tear Here ▲ ▲ Tear Here ▲

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

M01000002263

FILED

02 NOV -5 AM 11:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000002263
 Name and Mailing Address

0010055 01 FP 0.352 **PRSRT H6 0 0615 33480-342524

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



2. New Mailing Address City, State, Zip		4. State/Country of Formation DE	
Principal Place of Business 624 NORTH LAKE WAY PALM BEACH FL 33480		5. Date Organized or Qualified To Do Business in Florida 10/01/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 74-3009706	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent RYAN, BAIRD W 624 NORTH LAKE WAY PALM BEACH FL 33480		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

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

ALL
 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)