
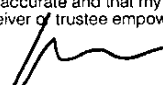


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 18 PM 4:10

DOCUMENT # M04000003003 1. Entity Name MORRIS JUPITER MANAGEMENT, LLC					
Principal Place of Business 350 VETERANS BLVD RUTHERFORD, NJ 07070			Mailing Address 350 VETERANS BLVD RUTHERFORD, NJ 07070		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	10042007 REIN-LLC CR2E101 (1/07)	
4. FEI Number 20-1325239				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> MARK M. BAVA EXECUTIVE VICE PRESIDENT </div> <div style="width: 15%; text-align: right;"> Date 10/4/07 </div> </div>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS, JOSEPH D 350 VETERANS BLVD RUTHERFORD, NJ 07070	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS, ROBERT 350 VETERANS BLVD RUTHERFORD, NJ 07070	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 700110939977 10/18/07--01004--020 **150.00 </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> REINSTATEMENT 2007 </div>				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  MARK M. BAVA EXECUTIVE VICE PRESIDENT					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 10/4/07 Daytime Phone #					