

# 608 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M04000003003

1. Entity Name  
MORRIS JUPITER MANAGEMENT, LLC



FILED  
NOV 25 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

10272008 REIN-LLC CR2E101 (1/07)

4. FEI Number  
20-1325239

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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 and agent in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75  
After January 1, 2009, Fee will be \$377.50

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete  
NAME MORRIS, JOSEPH D  
STREET ADDRESS 350 VETERANS BLVD  
CITY-ST-ZIP RUTHERFORD, NJ 07070

☐ Change ☐ Addition  
000137425310  
10/29/08--01030--008 \*\*238.75

TITLE MGR ☐ Delete  
NAME MORRIS, ROBERT  
STREET ADDRESS 350 VETERANS BLVD  
CITY-ST-ZIP RUTHERFORD, NJ 07070

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/27/08

Date

201-804-3200

Daytime Phone #