

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M0400003009

1. Limited Liability Company's Name

MORRIS STUART ASSOCIATES, LLC

2. Principal Office Address - No P.O. Box #

350 VETERANS Blvd

Suite, Apt. #, etc.

City & State

Rutherford, NJ

Zip

07070

Country

3. Mailing Office Address

350 VETERANS Blvd

Suite, Apt. #, etc.

City & State

Rutherford, NJ

Zip

07070

Country

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified
To Do Business in Florida

7/29/2004

6. FEI Number

20-1351771

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

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

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 willing to accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

X Anthony Licause
Vice President
REGISTERED AGENT MUST SIGN

11-13-08
500137425445
10/29/08--01030--011 **238.75

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
MGR	MORRIS, JOSEPH D.	350 VETERANS Blvd	Rutherford, NJ 07070
MGR	MORRIS, ROBERT	350 VETERANS Blvd	Rutherford, NJ 07070
MGR	DOYLE, MICHAEL C.	STE 140, NEMOURS Bldg, 11 1700 ORANGE ST	Wilmington, DE 19801
REINSTATEMENT 2008 np 11/25			

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

Date 10/27/08

Daytime Phone # 201-804-8700

Typed or printed name of signing Managing Member/Manager