

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 18 PM 4: 04

DOCUMENT # M06000006732 1. Entity Name MORRIS PROPERTY MANAGEMENT OF FLORIDA 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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-5755728	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		MARK M. BAVA EXECUTIVE VICE PRESIDENT <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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	MGRM BAVA, MARK M 350 VETERANS BLVD. RUTHERFORD, NJ 07070	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHRAM, RONALD 350 VETERANS BLVD. RUTHERFORD, NJ 07070	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORRIS, JOSEPH D 350 VETERANS BLVD. RUTHERFORD, NJ 07070	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORRIS, ROBERT 350 VETERANS BLVD. RUTHERFORD, NJ 07070	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		MARK M. BAVA EXECUTIVE VICE PRESIDENT Date 10/4/07 Daytime Phone #			



10042007 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-5755728

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

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

SIGNATURE MARK M. BAVA
EXECUTIVE VICE PRESIDENT
(NOTE: Registered Agent signature required when reinstating) **10/4/07**
DATE

**FILE NOW!!! FEE IS \$150.00
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Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
BAVA, MARK M
350 VETERANS BLVD.
RUTHERFORD, NJ 07070

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
SCHRAM, RONALD
350 VETERANS BLVD.
RUTHERFORD, NJ 07070

☐ Delete

TITLE
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MORRIS, JOSEPH D
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☐ Delete

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10. ADDITIONS/CHANGES

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☐ Change ☐ Addition

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TITLE
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REINSTATEMENT 2007

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SIGNATURE: MARK M. BAVA
EXECUTIVE VICE PRESIDENT
Date **10/4/07** Daytime Phone #