

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 JUL 21 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M07000005356

1. Limited Liability Company's Name
T MORGAN DT LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 3333 S. BANNOCK ST.		3. Mailing Office Address 3333 S. BANNOCK ST.	
Suite, Apt. #, etc. SUITE 950		Suite, Apt. #, etc. SUITE 950	
City & State ENGLEWOOD, CO		City & State ENGLEWOOD, CO	
Zip 80110	Country	Zip 80110	Country

4. State/Country of Formation
COLORADO

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
457-92-1823

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 NRAI CORPORATE SERVICES		
Street Address (P.O. Box Number is Not Acceptable) 515 E. PARK AVENUE		
Suite, Apt. #, Etc. -		
City TALLAHASSEE	State FL	Zip Code 32301

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

James D. Martin
Asst. Vice President

Date

7/16/14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	THOMAS H. MORGAN	3333 S. BANNOCK ST., STE 950	ENGLEWOOD, CO 80110
REINSTATEMENT			
			JUL 21 2014
			R. HUNT

11. E-mail Address: LBERRY@MORGANENERGY.NET

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 07/16/2014

Daytime Phone # 303-296-9270

Typed or printed name of signing Authorized Representative/Manager LESLIE A. BERRY