


FILED

14 OCT 17 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| LIMITED LIABILITY COMPANY REINSTATEMENT   |   |  |  | FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| DOCUMENT #  |   |   |  |   |  |
| 1. Limited Liability Company's Name<br>Morningside Holding, LLC      M13000004492   |   |   |  |   |  |
| 2. Principal Office Address - No P.O. Box #<br>1200 South Pine Island Rd.<br>Suite, Apt. #, etc.  |   |   | 3. Mailing Office Address<br>1200 South Pine Island Rd.<br>Suite, Apt. #, etc. |   |  |
| City & State<br>Plantation, Florida   |   |   | City & State<br>Plantation, Florida  |   |  |
| Zip<br>33324  | Country<br>USA                            | Zip<br>33324  | Country<br>USA   | 4. State/Country of Formation<br>Ohio   |  |
|   |   |   |  | 5. Date Organized or Qualified To Do Business in Florida<br>July 16, 2013     |  |
|   |   |   |  | 6. FEI Number<br>27-5038787   |  |
|   |   |   |  | Applied For<br>Not Applicable   |  |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status  |   |   |  |   |  |
| 8. Name and Address of Current Registered Agent   |   |   |  |   |  |
| Name<br>CT Corporation System   |   |   |  |   |  |
| Street Address (P.O. Box Number is Not Acceptable)<br>1200 South Pine Island Rd.  |   |   |  |   |  |
| City<br>Plantation  |   |   |  |   |  |
| State<br>FL   |   |   |  |   |  |
| Zip Code<br>33324   |   |   |  |   |  |
| 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.<br>Signature of Registered Agent <u>Kristin Bolden</u> Date 10/16/2014<br>REGISTERED AGENT MUST SIGN  |   |   |  |   |  |
| 10. Names and Street Addresses of Authorized Representatives/Managers   |   |   |  |   |  |
| Title   | Name of Authorized Representative/Manager | Street Address of Each Authorized Representative/Manager                          |  | City / State / Zip  |  |
| AR  | Stephen M. Griffith, Jr.                  | 425 Walnut St., Suite 1800  |  | Cincinnati, Ohio 45202  |  |
| REINSTATEMENT   |   |   |  |   |  |
| 2014  |   |   |  |   |  |
| 11. E-mail Address: <u>griffith@taftlaw.com</u><br><small>(to be used for future annual report notifications)</small>   |   |   |  |   |  |
| 12. I certify that I am an authorized representative/manager of the member or trustee empowered to execute this application as provided for in Chapter 605, 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 <u>Stephen M. Griffith, Jr.</u> Date 10/16/2014      Daytime Phone # 513/357-9312  |   |   |  |   |  |
| Typed or printed name of signing Authorized Representative/Manager <u>Stephen M. Griffith, Jr.</u>  |   |   |  |   |  |

CR2E041 (1/14)

400265574354

400265574354  
10/17/14-01025-021 \*\*238.75

OCT 17 2014

M. WILLIAMS