Pg. 1 of 2

APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 NOV 16 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000010046

1. Limited Liability Company's Name
DevMOR, LLC

REINSTATEMENT 2000-2001

2. Principal Office Address	3. Mailing Office Address
1649 Grandview Dr.	1649 Grandview Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hebron, Ky.	City & State: Hebron, Ky.
Zip: 41048 Country: U.S.A.	Zip: 41048 Country: U.S.A.

4. State/Country of Formation: KY

5. Date Organized or Qualified To Do Business in Florida: 9-22-98

6. FEI Number: 611625285 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays St

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

Deborah D. Skipper
Asst. Secretary

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Deborah D. Skipper
REGISTERED AGENT MUST SIGN

Date: 11-16-01

CR2E041 (5/00)

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
Mgrm	Guy Reinert	1649 Grandview Dr.	Hebron, Ky 41048
			600004686426—4

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: X Guy D. Reinert Date: X 11/14/01 Daytime Phone: X 859 322 5316

Typed or printed name of signing Managing Member/Manager: Guy Reinert

202

ACCOUNT NO. : 072100000032

REFERENCE : 471358 7131731

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $205.00

ORDER DATE : November 16, 2001

ORDER TIME : 4:41 PM

ORDER NO. : 471358-005

CUSTOMER NO: 7131731

CUSTOMER: Ms. Mary Cornett
Clark Partington Hart Larry
151 Regions Way, Suite 6a

Destin, FL 32541

DOMESTIC FILINGS

NAME: DEV/MOR, LLC

RECEIVED
01 NOV 16 PM 4:52
DIVISION OF CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Unassigned

EXAMINER'S INITIALS