

2004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 19 PM 1:49

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 001000099677

1. Limited Liability Company's Name

Morisset Enterprises, Inc.

2. Principal Office Address

5033 Chardonnay Dr

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33067

Country

USA

3. Mailing Office Address

5033 Chardonnay Dr

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33067

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/2001

6. FEI Number

65-1150821

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

Evans Morisset

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

5033 Chardonnay Drive

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33067

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

 REGISTERED AGENT MUST SIGN

Date 07/14/2004

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
Pres	Evans Morisset	5033 Chardonnay Dr	Coral Springs, FL 33067

 700040685687
 09/31/04--01022--015 **550.00

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 07/14/2004

Daytime Phone# 954-796-8396

Typed or printed name of signing Managing Member/Manager

Evans Morisset

CR2E041 (10/02)