

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY -8 PM 2:00

DOCUMENT #

1. Limited Liability Company's Name

SFT, LLC

REINSTATEMENT 05-09 NBM

500140831795
01/15/09--01023--018 **793.75

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

3008 Highland Dr.

3. Mailing Office Address

3008 Highland Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hudsonville, MI

City & State

Hudsonville, MI

Zip

49426

Country

Ottawa

Zip

49426

Country

Ottawa

4. State/Country of Formation

Michigan, Ottawa

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

38-3600373

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

Benson, Kent

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

7584 Browngate Drive

Suite, Apt. #, Etc.

City

Orlando, FL

State

FL

Zip Code

32809

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Kent V Benson

Date 1/14/09

REGISTERED AGENT MUST SIGN

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
MEM	Benson, Kent	7584 Browngate Drive	Orlando FL 32809
MEM	Albers, James	3008 Highland Dr.	Hudsonville, MI 49426
MEM	Visser, Marvin	3008 Highland Dr.	Hudsonville, MI 49426
MEM	Kouacs, Joseph	3008 Highland Dr.	Hudsonville, MI 49426

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

[Signature]

Date 1-14-09

Daytime Phone # 616-450-2760

Typed or printed name of signing Managing Member/Manager