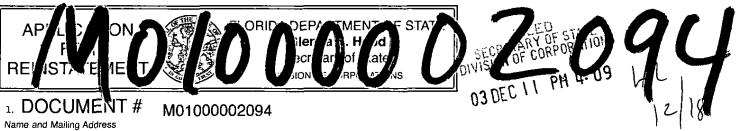
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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REINSTATEMENT 2003

5. Date Organized or Qualified To Do Business in Florida 6. FEI Number 38-3504222 7. CERTIFICATE OF STATUS DESIRED 9. Name and Address of New Registered Agent PL Zip Code R and accept the obligations of Chapter 608, F.S. Caudia L. Saari AsstSecretary
38-3504222 Not Applicable 7. CERTIFICATE OF STATUS DESIRED 9. Name and Address of New Registered Agent ress (P.O. Box Number is Not Acceptable) FL Zip Code h and accept the obligations of Chapter 608, F.S.
9. Name and Address of New Registered Agent ress (P.O. Box Number is Not Acceptable) FL Zip Code h and accept the obligations of Chapter 608. F.S.
ress (P.O. Box Number is Not Acceptable) FL Zip Code h and accept the obligations of Chapter 608, F.S. Claudia L. Saari
FL Zip Code h and accept the obligations of Chapter 608, F.S. Claudia L. Saari
h and accept the obligations of Chapter 608, F.S.
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Each City / State / Zip
HOLLAND MI 48423
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application as provided for in chapter 608, F.S. I further certify that when

Managing Member/Manage

Daytime Phone # (d 6-393 - 1855)