

# L00000001558

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## LIMITED LIABILITY REINSTATEMENT

WOODHAVEN LLC

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L00000001558

1. Limited Liability Company's Name Woodhaven LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 20630 Harper Avenue Suite, Apt. #, etc. Suite 107 City & State Harper Wood, MI Zip 48225 Country USA

3. Mailing Office Address 4731 North A1A Suite, Apt. #, etc. City & State Vero Beach, FL Zip 32963 Country USA

4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 01/13/2000 6. FEI Number 38-2978934 Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED [checked] \$5.00 Additional Fee Applied for Certificate of Status

8. Name and Address of Current Registered Agent Name E.C. Norris Street Address (P.O. Box Number is Not Acceptable) 4731 North A1A Suite, Apt. #, Etc. City Vero Beach State FL Zip Code 32963

[checked] 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 606, F.S. Signature of Registered Agent [Signature] Date 1-18-08 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers Table with columns: Titles, Name of Managing Member/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Includes entry for William A. Patzold at 20630 Harper Avenue, Harper Wood, MI 48225. Includes stamp: REINSTATEMENT 05-08, FILED, SECRETARY OF STATE, TALLAHASSEE, FLORIDA, 08 JAN 18 AM 8:29.

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 608.408, 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 1-18-08 Daytime Phone # 313-542-1121 Typed or printed name of signing Managing Member/Manager William A. Patzold