

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000021695

1. Limited Liability Company's Name

11660 McGregor, LLC

2. Principal Office Address

10124 Bertram Lane

Suite, Apt. #, etc.

3. Mailing Office Address

1700 Harmon Road

Suite, Apt. #, etc.

Suite 2

City & State

Fort Myers, Florida

City & State

Auburn Hills, Michigan

Zip

33919

Country

USA

Zip

48326

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8/22/2002

6. FEI Number

36-4523022

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

Dennis J. Lumsden

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

6719 Winkler Road

Suite, Apt. #, Etc.

Suite 121

City

Fort Myers

State
FL

Zip Code
33919

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 May 7, 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
MGRM	Mark S. Turnbull	10124 Bertram Lane	Fort Myers, Florida 33919

11. I certify that I am managing member/manager of 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 5/7/2004

Daytime Phone# 239-849-0692

Typed or printed name of signing Managing Member/Manager Mark S. Turnbull

FILED

2004 MAY 10 P 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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