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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 23 PM 1:41

1. DOCUMENT # L02000028096

Name and Mailing Address

0016359 01 MB 0.309 **AUTO TO 0 0615 48116-740055



REDMOND EQUIPMENT LEASING, LLC

5755 GRIFFITH DRIVE

BRIGHTON MI 48116-7400



US

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/23/2002	
Principal Place of Business 5755 GRIFFITH DRIVE BRIGHTON MI 48116 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent MEINERS, LOUIS M JR. 2598 L'ERMITAGE LANE NAPLES FL 34105		9. Name and Address of New Registered Agent Name LOUIS M. MEINERS, JR. Street Address (P.O. Box Number is Not Acceptable) 200 AVIATION DRIVE, SUITE 2 City NAPLES FL Zip Code 34104	
10. 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 <i>[Signature]</i> SIGNATURE REQUIRED Date 12/20/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	REDMOND, PATRICIA A	5755 GRIFFITH DRIVE	BRIGHTON MI 48116
12. 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 <i>Patricia A. Redmond</i> SIGNATURE REQUIRED		Date	Daytime Phone # (810) 533-5017
Typed or printed name of signing Managing Member/Manager			

CR2EC04 (7/03)

REINSTATEMENT 2003
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12/23/03--01041--005 **100.00
10/21/03 01153 002 \$ 50.00