MAR-22-2004 MON :37 AM EMIT CO FAX NO. 6 25 P. 04

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 23 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000029623

1. Limited Liability Company's Name
S. L. 2002, LLC

2. Principal Office Address	3. Mailing Office Address
30095 Northwestern Hwy.	30095 Northwestern Hwy.
Suite, Apt. #, etc. #300	Suite, Apt. #, etc. #300
City & State Farmington Hills, MI	City & State Farmington Hills, MI
Zip 48334 Country USA	Zip 48334 Country USA

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 11/06/02
6. FEI Number: 59-3782195 ☐ 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: Peter R. Ray
Street Address (P.O. Box Number is Not Acceptable): 712 U. S. Highway One
Suite, Apt. #, Etc.: Suite 400
City: North Palm Beach | State: FL | Zip Code: 33432

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 _____ Date 2/23/04
REGISTERED AGENT MUST SIGN

CR2E541 (10/02)

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	Hanna Karcho	30095 Northwestern Hwy. Farmington Hills, MI 48334	
		REINSTATEMENT 2003-2004	

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 Hanna Karcho Date 2/13/04 Daytime Phone # (248) 538-5800

Typed or printed name of signing Managing Member/Manager Hanna Karcho