

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000033327

1. Limited Liability Company's Name

GLOBAL HEAVYLIFT HOLDINGS, LLC

2. Principal Office Address

74 West Long Lake Road

Suite, Apt. #, etc.

103

City & State

Bloomfield Hills, MI

Zip

48304

Country

USA

3. Mailing Office Address

74 W. Long Lake Road

Suite, Apt. #, etc.

103

City & State

Bloomfield Hills, MI

Zip

Country

4. State/Country of Formation

Florida, USA

**5. Date Organized or Qualified
To Do Business in Florida**

12/12/2002

6. FEI Number

56-2402570

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

Wayne H. Rassner

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

7700 N. Kendall Drive

Suite, Apt. #, Etc.

Suite 510

City

Miami

State

FL

Zip Code

33156

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

3-12-04

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	Myron Stokes	28 N. Saginaw, Unit 510	Pontiac, MI 48342
Member	James Shereda, Jr.	4823 Chadbourne Drive	Sterling Heights, MI 48310

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

Myron Stokes

Date

5-14-04

Daytime Phone #

248-695-0009

Typed or printed name of signing Managing Member/Manager