

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

250.00
10-1-04

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -8 AM 10:51

DOCUMENT # L03000009485

1. Limited Liability Company's Name

Evergreen 3(MCR), L.L.C.

900076252899
06/16/06--01016--007 **110.00

CR2E041 (8/05)

2. Principal Office Address

105 WINDSONG WAY

3. Mailing Office Address

15055 ALLEN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TITUSVILLE FL

City & State

SOUTHGATE MI

Zip

32780

Country

BREVARD

Zip

48195

Country

WAYNE

4. State/Country of Formation

FLORIDA, BREVARD

5. Date Organized or Qualified
To Do Business in Florida

03/14/2003

6. FEI Number

38-3677705

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

JAMES D. SAVAGE

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

105 WINDSONG WAY

Suite, Apt. #, Etc.

City

TITUSVILLE FL

State

FL

Zip Code

32780

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

James D. Savage
REGISTERED AGENT MUST SIGN

Date MAR 22, 2006

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
MGR	JAMES D. SAVAGE	105 WINDSONG WAY	TITUSVILLE FL 32780
MGR	PATRICIA J. SAVAGE	105 WINDSONG WAY	TITUSVILLE FL 32780

REINSTATEMENT 04-06

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

James D. Savage
JAMES D. SAVAGE

Date MAR 22/06

Daytime Phone # 734-282-9533

Typed or printed name of signing Managing Member/Manager