FILED
07 NOV 14 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

900011228187
11/14/07--01022--022 **300.00

CR2E041 (1/07)

DOCUMENT # L03000040520

1. Limited Liability Company's Name

Caddis Holdings, L.L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8733 Old Hickory, Unit 8110	2210 DeLange SE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, Florida	City & State: Grand Rapids, MI
Zip: 34238 Country: USA	Zip: 49506 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: October 23, 2003

6. FEI Number: ☑ 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: Gerald H. Holwerda

Street Address (P.O. Box Number is Not Acceptable): 8733 Old Hickory, Unit 8110

Suite, Apt. #, Etc.

City: Sarasota State: FL Zip Code: 34238

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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.

X Signature of Registered Agent: Gerald H. Holwerda REGISTERED AGENT MUST SIGN Date 11/8/07

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	Gerald H. Holwerda	8733 Old Hickory, Unit 8110	Sarasota, FL 34238
MGRM	Nancy Holwerda	8733 Old Hickory, Unit 8110	Sarasota, FL 34238
		REINSTATEMENT 04-07	

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.

X Signature of Managing Member/Manager: Gerald H. Holwerda Date 11/10/07 Daytime Phone # 616-942-2353

Typed or printed name of signing Managing Member/Manager