

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV -9 AM 8:51

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000044749

1. Limited Liability Company's Name

MINI MANSION LLC

2. Principal Office Address

390 Park Street

Suite, Apt. #, etc.

Suite 200

City & State

Birmingham, MI

Zip

48009

Country

USA

3. Mailing Office Address

390 Park Street

Suite, Apt. #, etc.

Suite 200

City & State

Birmingham, MI

Zip

48009

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

58-2681831

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

Richard M Ladyko

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

120 Arrowhead Circle

Suite, Apt. #, Etc.

City

Jupiter,

State

FL

Zip Code

33458

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

Richard M Ladyko

REGISTERED AGENT MUST SIGN

Date 11/4/05

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	Anthony A Yezbick	390 Park Street, Ste. 200	Birmingham, MI 48009
MGRM	Richard M Ladyko	120 Arrowhead Circle	Jupiter, FL 33458

REINSTATEMENT

2005

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

Anthony A Yezbick

Date 10/26/05 Daytime Phone # 248-645-2200

Typed or printed name of signing Managing Member/Manager Anthony A Yezbick