FILED

10 MAR 30 AM 11:07

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

400173695434
03/30/10--01029--019 **421.25

CR2E041 (11/09)

DOCUMENT # L04000052656

1. Limited Liability Company's Name
Michigan Place Development Group, LLC

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 3411 South Parnell Ave | 3411 South Parnell Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Chicago IL | City & State: Chicago IL |
| Zip: 60616 Country: USA | Zip: 60616 Country: USA |

4. State/Country of Formation: Florida, Dade County

5. Date Organized or Qualified To Do Business in Florida: July 15, 2004

6. FEI Number: 203179667 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ ($5.00 Additional Fee required for Certificate of Status)

8. Name and Address of Current Registered Agent

Name: Joseph H. Gangueza + Associates
Street Address (P.O. Box Number is Not Acceptable): 1360 South Dixie Highway
Suite, Apt. #, Etc.: Coral Gables, FL Suite 100
City: Coral Gables State: FL Zip Code: 33146

☒ 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.

Signature of Registered Agent: [signature] (REGISTERED AGENT MUST SIGN) Date: 3/24/2010

10. Names and Street Addresses of Managing Members/Managers

| Title | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| MGRM | Kenneth E. Noll | 3411 S. Parnell Ave | Chicago, IL 60616 |

REINSTATEMENT 08-10 DBBruce

11. E-mail Address: NOLL@IIT.EDU (To be used for future annual report notifications)

12. 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: Kenneth E Noll Date: Daytime Phone #: 312-545-8343

Typed or printed name of signing Managing Member/Manager: