## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CO REINS	ED LIABILITY OMPANY STATEMENT	Se	ecretary of S on of corpo			05 DEC 22	Y OF STATE Y OF STATE OF ATTOMS All 8: 27	
1. Limited L Char 3768	IMENT # LOYO Liability Company's Name Iter Warranty Ser 16 Enterprise Country Liability Company's Name Liability Company'	rvices of		a, LLC	d			
2. Principal Office Address Same 3. Malling O P.O. E			OV 2425		4 State/Count	CR2E041 (8/05)		
Suite, Apt. #	, etc.	Suite, Apt. #, et	Suite, Apt. #, etc.			L, - te Organized or Qualified		
City & State	• • • • • • • • • • • • • • • • • • • •	City & State Farming	City & State Farmington Hills, MI			To Do Business in Florida 10/29/04  6. FEI Number   Applied For   Not Applicable		
Zìp	Country Zip 483		3 Cou	ntry SA	7.	CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee require for a Certificate of Status		
		8. Na	me and Addres	s of Current Regi	stered Agent			
	CT Corporation  Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road  Suite, Apt. #, Etc.  City Plantation  State Zip Code FL 33324							
Signature o Registered		HEOISTERED AGE	Ø	Brenda L.	White,	ions of Chapter 608, F.S.	1/05	
Titles	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager			City / State / Zip		
Mgr	Paul Pawlusiak		8741 NW 57th Street		Tamarac, FL 33351			
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					10/17/05	01075 00	6 \$50, W	
filing t all fee as if r	ify that I am managing member/mana this reinstatement application the reas so owed by the limited liability compan made under oath  of Member/Manage	on for dissolution has !	been eliminated,	the limited liability of cated on this applicated	application as provide company name satisfication is true and accur	ed for in chapter 608, F.S. I frees the requirements of section	urther certify that when n 608.406, F.S., and that ave the same legal effect	
Typed or p	printed name of signing Managing Me	mber/Manager						