

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

12 DEC 31 PM 12:10

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

300242651073

12/11/12--01021--010 **1071.25
CR2E041 (1/11)

06-12

LIMITED LIABILITY COMPANY REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # L050000 10722

1. Limited Liability Company's Name

Lee County, LLC

2. Principal Office Address - No P.O. Box #

4720 Napier Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 700836

Suite, Apt. #, etc.

City & State

Canton, MI

Zip

48187

Country

USA

City & State

Plymouth, MI

Zip

48170

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

01-24-2005

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 Daniel Read

Street Address (P.O. Box Number is Not Acceptable) 112 SW 59TH Terr

Suite, Apt. #, Etc.

City Cape Coral, FL

Zip Code 33914

E-mail Address:

~~Dorothy Dombal~~
dorolandlady@yahoo.com
(To be used for future annual report notices)

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

REGISTERED AGENT MUST SIGN

Date 11-27-12

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	Dorothy Dombal	P.O. Box 700836,	Plymouth, MI 48170

DEC 31 2012

S. PRATHER

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager

Date 11-27-12

Daytime Phone #

734-658-8823

Typed or printed name of signing Managing Member/Manager