

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JAN 13 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000035585

1. Corporation Name

Great Lakes Investment Company, LLC

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

3608 Ventura Dr E

Suite, Apt. #, etc.

3. Mailing Office Address

739 S. Mill St

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Plymouth MI

Zip

33811

Country

Polk

Zip

48170

Country

Wayne

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

4/5/06

5. FEI Number

20-4644529

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Terry Saxton

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

3608 Ventura Dr E.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33811

☒ The 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Terry L Saxton
REGISTERED AGENT MUST SIGN

Date 1/7/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGRM	Terry Saxton	739 S Mill St	Plymouth MI 48170
MGRM	Christopher L. Saxton	739 S Mill St	Plymouth MI 48170

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REINSTATEMENT

07-09 DB

4/6.25

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry L Saxton

Date

1/7/09

Daytime Phone #

734-453-6258