2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

01 DEC 28 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORKER
16300 E. WARREN
DETROIT, MI 48224

DOCUMENT # L06000082385

1. Entity Name
CORKER, LLC

Principal Place of Business	Mailing Address
24212 JEFFERSON MI. CLAIR SHORES, MI 48080	24212 JEFFERSON MI. CLAIR SHORES, MI 48080

11292007 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
24214 JEFFERSON	24214 JEFFERSON
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. CLAIR SHORES, MI	City & State: ST. CLAIR SHORES, MI
Zip: 48080 County: USA	Zip: 48080 Country: USA

4. FEI Number: 20-5422884 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERLIN, EVAN 1819 MAIN STREET, #302 SARASOTA, FL 34236	Name: THOMAS J. LEFEVRE Street Address (P.O. Box Number is Not Acceptable): 7820 S. Holiday Dr., Ste. 220 City: Sarasota FL Zip Code: 34231

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS $50.00
After January 1, 2008, Fee will be $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LEFEVRE, THOMAS J TRUSTEE 24212 JEFFERSON MI. CLAIR SHORES, MI 48080	☐ Delete	MGR LEFEVRE, THOMAS J. 24214 JEFFERSON ST. CLAIR SHORES, MI 48080	☒ Change ☐ Addition
		☐ Delete	000113850150 12/21/07--01029--003 **50.00	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete	REINSTATEMENT	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

000/200

12/13/2007 THU 11:34 FAX 941 923 3901 GRANDE BAY