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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

DOCUMENT # L13000169387

1. Limited Liability Company's Name
Fairlawn Holding, LLC

L13000169387

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7998 Barrancas Avenue	7998 Barrancas Avenue
Suite, Apt. # etc	Suite, Apt. #, etc.
City & State: Bokeelia, Florida	City & State: Bokeelia, Florida
Zip: 33922 Country: USA	Zip: 33922 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/6/2013

6. FEI Number: 38-6887562 ☐ 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: Tim Conatser

Street Address (P.O. Box Number is Not Acceptable): 1559 South Barfield Court

Suite, Apt. #, Etc.

City: Marco Island State: FL Zip Code: 34145

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: T. Tim Conatser Date: 12/9/2014

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Frank G. Dunten	200 Ottawa Avenue, Suite 1000	Grand Rapids, MI 49503

REINSTATEMENT

DEC 09 2014

R. HUNT

11. E-mail Address: fdunten@dickinsonwright.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information contained 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: 12-5-14 Daytime Phone #: 616-481-0470

Typed or printed name of signing Authorized Representative/Manager: Frank G. Dunten