

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 13 AM 9:11

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L98000002895

1. Limited Liability Company's Name

Hannett Family, LLC

2. Principal Office Address

3547 MAXWELL COURT

Suite, Apt. #, etc.

City & State

BLOOMFIELD HILLS, MI

Zip

48301

Country

USA

3. Mailing Office Address

1647 W. BIG BEAVER RD.

Suite, Apt. #, etc.

City & State

TROY, MI

Zip

48084

Country

USA

REINSTATEMENT 02-05

4. State/Country of Formation

SARASOTA, FLORIDA

5. Date Organized or Qualified To Do Business in Florida

11/30/1998

6. FEI Number

651023059

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

THOMAS M. FITZGIBBONS; ATTORNEY AT LAW

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

2750 RINGLING BOULEVARD

Suite, Apt. #, Etc.

SUITE 4

City

SARASOTA

State

FL

Zip Code

34237

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

*Thomas M. Fitzgibbons*

REGISTERED AGENT MUST SIGN

Date

5-10-05

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         |
|--------|-----------------------------------|--|----------------------------|
| MGR    | JOHN L. HANNETT                   | 3547 MAXWELL COURT                             | BLOOMFIELD HILLS, MI 48301 |
| MGR    | GAYLE L. HANNETT                  | 3547 MAXWELL COURT                             | BLOOMFIELD HILLS, MI 48301 |
|        |                                   |  |                            |
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|        |                                   |  |                            |
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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.

Signature of Managing Member/Manager

*Gayle L. Hannett*

Date

5-4-05

Daytime Phone #

248 640 1686

Typed or printed name of signing Managing Member/Manager

GAYLE L. HANNETT

CR2E041 (10/02)