

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 15 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # L98000002906

1. Limited Liability Company's Name

Lockwood Development, LLC

2. Principal Office Address

7600 North Lockwood Village

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip
34228Country
USA

3. Mailing Office Address

880 S Old Woodward Ave

Suite, Apt. #, etc.

City & State

Birmingham, MI

Zip
48009Country
USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/30/98

6. FEI Number

65-0918056

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

CT Corporation

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

1200 South Pine Island Road

Suite, Apt. #, etc.

City

Plantation

State
FLZip Code
33324

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

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 5/15/02

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Gayle L. Hannett	880 S. Old Woodward Avenue	Birmingham, MI 48009
MGR	John L. Hannett	880 S Old Woodward Avenue	Birmingham, MI 48009

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

Date 5/14/02

Daytime Phone

(248) 646-6200

Typed or printed name of signing Managing Member/Manager John L. Hannett