

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
J. M. Smith
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC - 2 PM 4: 16

DOCUMENT # M01000000358

1. Limited Liability Company's Name

Trade Partners Royal Mansions, LLC
REINSTATEMENT 2002

2. Principal Office Address

1200 S. Pine Island Rd
Suite, Apt. #, etc.

3. Mailing Office Address

1200 S. Pine Island Rd.
Suite, Apt. #, etc.

City & State

Plantation, FL
33324

City & State

Plantation, FL
33324

4. State/Country of Formation

MI

5. Date Organized or Qualified
To Do Business in Florida

02/13/2001

6. FEI Number

38-3576699

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 System 600009381956

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip 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

[Signature]

James A. Bordonaro

Date

REGISTERED AGENT MUST SIGN

Assistant Secretary

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	Christine M. Zmudka	220 Lyon St., Ste #570	Grand Rapids, MI 49503
Member	Thomas J. Smith	220 Lyon St., Ste #570	Grand Rapids, MI 49503

REINSTATEMENT 2002

600009381956
12/06/02--01002--005 **50.00

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

[Signature]

Date

1/25/02

Daytime Phone #

616-456-7755

Typed or printed name of signing Managing Member/Manager

Christine M. Zmudka

CR25041 (6/01)