PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M01000000636

FILED

02 NOV 13 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000000636

Name and Mailing Address

0010415 01 FP 0.352 **PRSRT H8 0 C615 34677-491475
PINELLAS OAKLAND PROPERTY MANAGEMENT, L.L.C.
375 ROBERTS AVE
OLDSMAR FL 34677-4914

2. New Mailing Address
795 A INDUSTRIAL CT
City, State, Zip
BLOOMFIELD HILLS MI 48302

4. State/Country of Formation
MI

5. Date Organized or Qualified To Do Business in Florida
03/19/2001

Principal Place of Business
375 ROBERTS AVE
OLDSMAR FL 34677

3. New Principal Place of Business Address
City, State, Zip

6. FEI Number
38 3593599
☐ 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

MCKEE, SCOTT
141 STEVENS AVE
SUITE 9
OLDSMAR FL 34677

9. Name and Address of New Registered Agent

Name
GLEN BARNES
Street Address (P.O. Box Number is Not Acceptable)
375 ROBERTS AVE.
City
OLDSMAR
FL
Zip Code
34677

10. 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
REGISTERED AGENT MUST SIGN
Date 11/5/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MCKEE, SCOTT	141 STEVENS AVE SUITE 9	OLDSMAR FL 34677
MGRM	BARNES, GLEN	795 INDUSTRIAL CT	BLOOMFIELD HILLS MI 48302
		700008963017 11/13/02--01034--010 **150.00	
		REINSTATEMENT	

12. 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(s) 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 11/5/02 Daytime Phone # 248 333 7755

Typed or printed name of signing Managing Member/Manager GLEN BARNES