

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
M01000000660

1. DOCUMENT # M01000000660

Name and Mailing Address

0008024 01 FP 0.352 \*\*PRSR T4 0 0615 49546-660370

1870 LARAWAY LANE SE.

N.C. HOLDINGS, L.L.C.

1870 LARAWAY LANE SE.

GRAND RAPIDS MI 49546-6603

FILED

02 DEC 30 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300009744253

12/30/02--01084--006 \*\*150.00



<b>2. New Mailing Address</b> P.O. Box 549 City, State, Zip GRAND RAPIDS MI 49301		<b>4. State/Country of Formation</b> MI	
<b>Principal Place of Business</b> 1870 LARAWAY LANE SE. GRAND RAPIDS MI 49546		<b>5. Date Organized or Qualified To Do Business in Florida</b> 03/21/2001	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 38-3549821	
<b>8. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		<b>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.</b> Signature of Registered Agent <b>PETER F. SOUZA</b> ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN Date 12/27/02	
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MADDEN, DENNIS	1870 LARAWAY LANE SE	GRAND RAPIDS MI 49546
MGRM	MADDEN, WENDY	1870 LARAWAY LANE SE	GRAND RAPIDS MI 49546
			300009744253 12/30/02--01084--007 **50.00
<b>REINSTATEMENT</b>			

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 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 \_\_\_\_\_ Daytime Phone # 616.822.5148

Typed or printed name of signing Managing Member/Manager DENNIS M. MADDEN