

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT
M01000000905
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # M01000000905

Name and Mailing Address

02 NOV -6 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007994 01 FP 0.352 **PRSR T4 0 0615 48084-342964



DUCE SIMMONS ASSOCIATES, LLC
2100 W. BIG BEAVER ROAD, SUITE 214
TROY MI 48084-3429



2. New Mailing Address

City, State, Zip

Principal Place of Business

2100 W. BIG BEAVER ROAD, SUITE 214
TROY MI 48084

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

MI

5. Date Organized or Qualified To Do Business in Florida

04/19/2001

6. FEI Number

38-3404316

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

300008833453

11/06/02--01098--010 **150.00

City

FL

Zip Code

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 11/29/02

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 |
|-----------------------|-----------------------------------|--|--------------------|
| President - | Marjorie K. Simmons - MGRM | 2100 W. Big Beaver Rd., Ste. 214 | Troy, MI-48084 |
| Senior Vice President | Anthony R. Duce - MGRM | 2100 W. Big Beaver Rd., Ste. 214 | Troy, MI 48084 |
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REINSTATEMENT

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dec

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 10/28/02

Daytime Phone # 248-816-6510

Typed or printed name of signing Managing Member/Manager

Anthony R. Duce