

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 SEP -6 A 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # M02000001147

1. Limited Liability Company's Name

GAIN DEVELOP INDUSTRIAL, L.L.C.

2. Principal Office Address - No P.O. Box #
4190 Telegraph Road

3. Mailing Office Address
407 West Street

Suite, Apt. #, etc.
Suite 3000

Suite, Apt. #, etc.
Building B

City & State
Bloomfield Hills, MI

City & State
Naples, FL

Zip
48302-2082

Country
USA

Zip
34108

Country
USA

4. State/Country of Formation
Michigan, USA

**5. Date Organized or Qualified
To Do Business in Florida** **May 3, 2002**

6. FEI Number
59-6851227

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
Denise A. Sparta, Saundry Associates, Inc.

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

Suite, Apt. #, Etc.
Building B

City
Naples

State
FL

Zip Code
34108

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Denise A. Sparta

REGISTERED AGENT MUST SIGN

Date **8/23/07**

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	Saundry Associates, Inc.	407 West Street, Bldg. B	Naples, FL 34108
			100109309481
			09/11/07 01041 010 **350.00

REINSTATEMENT 03-07

AL

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

Kenneth P. Saundry

Date **8/23/07**

Daytime Phone # **239-254-9927**

Typed or printed name of signing Managing Member/Manager