

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M08000004196

1. Limited Liability Company's Name
SR Cory Lake L.L.C.

2. Principal Office Address - No P.O. Box #

3400 E. Lafayette

Suite, Apt. #, etc.

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

Detroit, MI

City & State

Zip

48207

Country

U.S.A.

Zip

Country

4. State/Country of Formation

Michigan

5. Date Organized or Qualified
To Do Business in Florida

9-15-2008

6. FEI Number

61-1572823

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

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 605, F.S.

Signature of
Registered Agent

Megan Morrison

Assistant Secretary

Date 2/11/15

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

TITLE	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	The Soave Real Estate Group, Inc.	3400 E. Lafayette	Detroit, MI 48207
			S. HAWKES
			FEB 11 A.M.
			EXAMINER

REINSTATEMENT

2013-2015

11. E-mail Address: michele.walker@soave.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver of notice empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.153, F.S.

Signature of

Authorized Representative/Manager

Date

2/11/15

Daytime Phone #

313-567-7000

Typed or printed name of signing Authorized Representative/Manager Bryant M. Frank, Secretary of

The Soave Real Estate Group, Inc.

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• Division of Corporations

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Division of Corporations
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**LIMITED LIABILITY REINSTATEMENT
SR CORY LAKE L.L.C.**

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