

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # M97000000245

1. Limited Liability Company's Name

Evans & Luptak, P.A.

2. Principal Office Address

4700 N.W. Boca Raton, Blvd.

3. Mailing Office Address

4700 N.W. Boca Raton, Blvd.

Suite, Apt. #, etc.
4th Floor

Suite, Apt. #, etc.
4th Floor

City & State
Boca Raton, Florida

City & State
Boca Raton, Florida

Zip
33431

Country

Zip
33431

Country

4. State/Country of Formation
Michigan

5. Date Organized or Qualified
To Do Business in Florida 04/29/1997

6. FEI Number
38-3140253

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

Jakobson, Markus, Esq.

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

4700 N.W. Boca Raton Blvd.

Suite, Apt. #, Etc.

4th Floor

City

Boca Raton

State
FL

Zip Code
33431

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01/03/02 01047-017

***205.00 ***205.00

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

REGISTERED AGENT MUST SIGN

Date 12/17/01

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
MGRM	Mehr, Michael J.	535 Griswold Street, Suite 2500	Detroit, Michigan 48226
MGRM	Clarkson, Kenneth J.	535 Griswold Street, Suite 2500	Detroit, Michigan 48226

REINSTATEMENT 2000-2001

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205.00

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

Date 12/12/01

Daytime Phone # (313) 963-9625

Typed or printed name of signing Managing Member/Manager Kenneth J. Clarkson