


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 APR 20 PM 1:20

LIMITED LIABILITY COMPANY REINSTATEMENT



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

DOCUMENT # M98000000504

1. Limited Liability Company's Name
TRI-COUNTY COMMERCE PARK, L.L.C.

9/29/00

2. Principal Office Address 13964 W. Hillsborough AV.		3. Mailing Office Address 13964 W. Hillsborough AV.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL.		City & State Tampa, FL	
Zip 33635	Country U.S.A.	Zip 33635	Country U.S.A.


4. State/Country of Formation Michigan / U.S.A.	
5. Date Organized or Qualified To Do Business in Florida 08/22/97	
6. FEI Number 38-3374618	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name MEHDI FARHADI		
Street Address (P.O. Box Number is Not Acceptable) 13964 W. Hillsborough AV.		
Suite, Apt. #, Etc.		
City Tampa	State FL	Zip Code 33635

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 04724701-01000-007
 ***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  Date 4/18/01

REGISTERED AGENT MUST SIGN

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	MEHDI FARHADI	13964 W. Hillsborough AV.	Tampa, FL. 33635
MGRM	THOMAS A. MALISZEWSKI	20210 Conner Road	Detroit, MI 48234
MGRM	KATHLEEN MALISZEWSKI	55298 Lordonna Lane	Shelby Township, MI 48315
MGRM	RONALD R. NOVAK	3339 Stonewyck Court	Shelby Township, MI 48315

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 4/18/01 Daytime Phone # (813) 814-4577

Typed or printed name of signing Managing Member/Manager MEHDI FARHADI / MGRM

CR2E041 (9/00)