1 of 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT 2013

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M98000001576

1. Limited Liability Company's Name
Trident-SigHarbor L.L.C.

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3400 E. Lafayette	same as #2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Detroit, MI	City & State
Zip: 48207 Country: USA	Zip Country

4. State/Country of Formation: Michigan

5. Date Organized or Qualified To Do Business in Florida: 12/22/1998

6. FEI Number: 38-3443882 ☐ 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

E-mail Address: Michele.Walker@soave.com
(To be used for future annual report notices)

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: Kristin Bolden Assistant Secretary Date: 12/10/2013
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	Michael D. Hollerbach	3400 E. Lafayette	Detroit, MI 48207

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: Date: 12/10/13 Daytime Phone #: 313-567-7000

Typed or printed name of signing Managing Member/Manager: Michael D. Hollerbach

FL110 - 05/17/2013 Wolters Kluwer CCH

K. ASHTON

Florida Department of State

Division of Corporations

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File 1st before Reinstatement for Vanderbilt Partners, Ltd. H13000270463

LIMITED LIABILITY REINSTATEMENT
TRIDENT-SIGHARBOR L.L.C.

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