

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 # M98000001594

1. Limited Liability Company's Name

DRCI L.L.C.

2. Principal Office Address

261 Indusco CT

Suite, Apt. #, etc.

City & State

Troy, MI

Zip

48083

Country

USA

3. Mailing Office Address

261 Indusco CT

Suite, Apt. #, etc.

City & State

Troy, MI

Zip

48083

Country

USA

4. State/Country of Formation

MI

5. Date Organized or Qualified  
To Do Business in Florida

12/28/1998

6. FBI Number

38-3302454

Applied For

Not Applied For

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent 700003125737-4

Name

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

Plantation, FL 33324

City

State

FL

Zip Code

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

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
<u>President</u> (MGR)	<u>Brynt Jayson</u>	<u>37325 Evergreen</u>	<u>Sterling Hts, MI</u>
<u>VICE</u> <u>President</u> (MGR)	<u>Margaret Powser</u>	<u>8619 Elizabeth Ann</u>	<u>shelby Township, MI</u>

**REINSTATEMENT**

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

Joan Brynt

Date 12/29/99 Daytime Phone # (248) 585-2084

Typed or printed name of signing Managing Member/Manager

BRYNT JAYSON

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