

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

00 OCT 27 PM 11:02

DOCUMENT # M99000000257

1. Limited Liability Company's Name

GREENLEAF ACQUISITIONS, LLC

2. Principal Office Address
835 Mason

Suite, Apt. #, etc.
Suite 135

City & State
Dearborn, Michigan

Zip
48126

Country
U.S.A.

3. Mailing Office Address
835 Mason

Suite, Apt. #, etc.
Suite 135

City & State
Dearborn, Michigan

Zip
48126

Country
U.S.A.

4. State/Country of Formation

Delaware

**5. Date Organized or Qualified
To Do Business in Florida**

2-23-99

6. FEI Number
38-3454720

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$300 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2000

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

900003456189-5
-11/07/00--01123-007
****155.00 ****155.00

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 Claudia L. Naari, Asst. Secretary Date 10/25/00

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
MGR	Dixon Thayer	835 Mason, Suite 135	Dearborn, MI 48126
MGR	David Montgomery	835 Mason, Suite 135	Dearborn, MI 48126
MGR	Martin Saffer	835 Mason, Suite 135	Dearborn, MI 48126
MGR	Susan Tarpley	835 Mason, Suite 135	Dearborn, MI 48126

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 Martin Saffer Date 10/24/00 Daytime Phone # 313-248-6655

Typed or printed name of signing Managing Member/Manager Martin Saffer

CR2EM1 (9/00)