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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

| LIMITED LIABILITY COMPANY REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
|---|-----------------------------------|---|--------------------|
| DOCUMENT # M99000001108 | | | |
| 1. Limited Liability Company's Name FPT FLORIDA, LLC | | | |
| 2. Principal Office Address - No P.O. Box # 3400 E. LAFAYETTE Suite, Apt. #, etc. | | 3. Mailing Office Address same as #2 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 July 16, 1999 | |
| 6. FID Number 38-3477274 | | Applied For <input type="checkbox"/> Not Applicable | |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | \$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. | | E-mail Address: MICHELE.WALKER@SOAVE.COM (To be used for future annual report notices) | |
| City PLANTATION | | State FL | Zip Code 33324 |
| 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 <u>Rebecca Barth</u> Date <u>1/22/2014</u> 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 | YALE LEVIN | 3400 E. LAFAYETTE | DETROIT, MI 48207 |
| | | | S. HAWKES |
| | | | JAN 22 AM |
| | | | EXAMINER |
| REINSTATEMENT 2013-14 | | | |
| 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 <u>Yale Levin</u> Date <u>1/22/14</u> Daytime Phone # <u>313-567-7000</u> Typed or printed name of signing Managing Member/Manager <u>YALE LEVIN, MANAGER OF FPT FLORIDA, LLC</u> | | | |

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT
FPT FLORIDA, LLC

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