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SECRETARY OF STATE
TALLAHASSEE, FL

PLEASE READ ALL INSTRUCTIONS BEFORE ^

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

CR2E081 (11/10)

DOCUMENT # 190066

1. Corporation Name

THE FLORIDIAN CLUB, INC.

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	City & State
Zip: 48207 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: January 6, 1956

5. FEI Number: 59-0873313 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED $8.75 Additional Fee required for a Certificate of Status

7. 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

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Rebecca Barth Date: 12/23/2013

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	RICHARD T. BROCKHAUS	3400 E.LAFAYETTE	DETROIT, MI 48207
VD	EDWARD R. SCHONBERG	3400 E.LAFAYETTE	DETROIT, MI 48207
SD	BRYANT M. FRANK	3400 E. LAFAYETTE	DETROIT, MI 48207

10. E-mail Address: michele.walker@soavc.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that upon filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, 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: Bryant M. Frank, Secretary 12/23/13 313-567-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DEC 23 2013

M. WILLIAMS

Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT
THE FLORIDIAN CLUB, INC.

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