

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

98 DEC 31 PM 3:32

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F97000005442**

1. Corporation Name

**CMS TEXON COMPANY**

Principal Place of Business	Mailing Address
FAIRLANE PLAZA SOUTH, STE. 1100 330 TOWN CENTER DR. DEARBORN MI 48126	FAIRLANE PLAZA SOUTH, STE. 1100 330 TOWN CENTER DR. DEARBORN MI 48126

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/16/1997	
City & State		City & State		5. FEI Number	
Zip		Country		38-3362591	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DCP	FRYLING, VICTOR J	330 TOWN CENTER DR., STE. 1100	DEARBORN MI 48126
VCP	SCHIVLEY, WILLIAM W	330 TOWN CENTER DR., STE. 1100	DEARBORN MI 48126
ST	MCNISH, THOMAS A	330 TOWN CENTER DR., STE. 1100	DEARBORN MI 48126
C	WOOLLEY, TERRY A	330 TOWN CENTER DR., STE. 1100	DEARBORN MI 48126
AS	NORKEY, JOYCE H	212 WEST MICHIGAN AVE.	JACKSON MI 49201

8. Name and Address of Current Registered Agent and Address of New Registered Agent

**REINSTATEMENT**

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc. <b>4000002735704-1</b>
	City <b>***750 State ***750.00</b>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Barbara A. Burke **REQUIRE** BARBARA A. BURKE  
 SPECIAL ASSISTANT SECRETARY Date 12-30-98  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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 when 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Joyce H. Norkey **REQUIRE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 12/29/98 Daytime Phone # 517-788-1031

CR2E040 (0/98)