


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 99 AUG -6 AM 8:51 FLORIDA DEPARTMENT OF STATE PUBLIC SERVICE, FLORIDA 400002953934--3 -08/13/99--01112--001 ****750.00 ****750.00
DOCUMENT # <u>F97000005442</u> 1. Corporation Name CMS Texon Company			
Principal Place of Business Fairlane Plaza South, Ste. 1100 330 Town Center Dr. Dearborn MI 48126		Mailing Address 212 W. Michigan Ave, M-440 Jackson MI 49201	
If above addresses are incorrect in any way, line through incorrect information and enter correction below			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 10/16/1997	
		5. FEI Number 38-3362591	
		Applied For <input type="checkbox"/> 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
1	2	3	4
DCP	Victor J. Fryling	330 Town Center Dr., Ste. 1100	Dearborn MI 48126
VP	William W. Schivley	330 Town Center Dr., Ste. 1100	Dearborn MI 48126
ST	Thomas A. McNish	330 Town Center Dr., Ste. 1100	Dearborn MI 48126
C	Terry A. Woolley	330 Town Center Dr., Ste. 1100	Dearborn MI 48126
AS	Joyce H. Norkey	212 West Michigan Ave.	Jackson MI 49201
8. Name and Address of Current Registered Agent CT Corporation 1200 South Pine Island Road Plantation FL 33324		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc City State Zip Code FL	
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: <u>Barbara A. Burke</u> BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN Date: 7.28.99			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.) KE			
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 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. 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)(j), 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: <u>Joyce H. Norkey</u> Joyce H. Norkey SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8-2-99 Date Daytime Phone # 517-788-8933	

CH2E001 (12/98)

8/10/99