APPLICATION , FOR REINSTATEMENT



1. DOCUMENT # M01000002576

Name and Mailing Address

Signature of

Managing Member/Manager

SECHETARY OF STATE TALLAHASSEE FLORIDA

MJY

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2. New Mailing Address 2000 TOWN CENTER, STE 2400 City, State, Zip				4. State/Countr	y of Formation	
City, State, Zip- SOUTHFIELD, MI 48075				5. Date Organized or Qualified To Do Business in Florida 11/16/2001		
Principal Place of Business 4000 TOWN CENTER, STE 500 SOUTHFIELD MI 48075		3. New Principal Place of Business Address STE 2000 TOWN CENTER, 2400 City, State, Zip SOUTHFIELD, MI 48075		I -		Applied For Not Applicable
8. Name and Address of Current Registered Agent			-(80.13			or a Certificate of Status
C T CORPORATION SYSTEM 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)			
			City	1911	FI	Zip Code
Signature of Registered /	Agent REC	GISTERED AGENT MUST SIGN			Date	<i>0</i> 3
	and Street Addresses of Each Managing Name of Managing	· · · · · · · · · · · · · · · · · · ·	et Address of Each	· · · · · · · · · · · · · · · · · · ·		
Title(s)	Members/Managers	Manag Manag				
MGR	ALIX LARTHERS, LL	1900 TOWN C	ENTER, STE 580	20	SOUTHFIELD MI	4.8075
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12. I certify filing this atl fees o as if ma	that I am managing member/manager or to s reinstatement application the reason for dowed by the limited liability company have to dee under oath.	peen paid. The information indicated	o execute this applic mited liability compa on this application is	cation as provided any name satisfies to s true and accurate	for in chapter 608, F.S. I f he requirements of section , and my signature shall ha	urther certify that when 608.406, F.S., and that we the same legal effect

MEL CHRISTIANSEN

Date 12/31/02 Daytime Phone #

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