

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR -6 AM 8:50

DOCUMENT # F01000000492

1. Corporation Name

FOLLMER RUDZEWICZ ADVISORS, INC.

REINSTATEMENT 0204

2. Principal Office Address
12900 HALL RD.

3. Mailing Office Address
12900 HALL RD.

Suite, Apt. #, etc.
SUITE 500

Suite, Apt. #, etc.
SUITE 500

City & State
STERLING HEIGHTS, MI

City & State
STERLING HEIGHTS, MI

Zip
48313-1153

Country
USA

Zip
48313-1153

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 01-25-2001

5. FEI Number
38-1910111

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
C T CORPORATION

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND RD.

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

PETER F. SOUZA

REGISTERED AGENT/ASSISTANT SECRETARY

Date

3/29/07

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	MCGUIRE, JAMES P.	12900 HALL RD. SUITE 500	STERLING HEIGHTS, MI-48313
VC	BIKUN, DENNIS W.	12900 HALL RD. SUITE 500	STERLING HEIGHTS, MI 48313
DP	FRABOTTA, ANTHONY	12900 HALL RD. SUITE 500	STERLING HEIGHTS, MI 48313
D	FOLLMER, GORDON R.	12900 HALL RD. SUITE 500	STERLING HEIGHTS, MI 48313
T	FISHER, MARCUS R.	12900 HALL RD. SUITE 500	STERLING HEIGHTS, MI 48313
S	SANTICCHIA, MICHAEL	12900 HALL RD. SUITE 500	STERLING HEIGHTS, MI 48313

10. 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:

Marcus R. Fisher

MARCUS R. FISHER

3-26-04

586-254-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)