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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M01000002576

APPLICATION FOR REINSTATEMENT

DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 14 PM 4:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

1. DOCUMENT # M01000002576

Name and Mailing Address

0007993 01 FP 0.352 **PRSRT T4 0 0615 48075-141099

THE SYSTEM ADVISORY GROUP, L.L.C.
4000 TOWN CENTER, STE 500
SOUTHFIELD MI 48075-1410

300010075899
01/14/03--01045--014 **200.00

1/14 2002-2003

CR2E094 (8/02)

2. New Mailing Address: 2000 TOWN CENTER, STE 2400

City, State, Zip: SOUTHFIELD, MI 48075

4. State/Country of Formation: MI

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

6. FEI Number: 38-3427177 — Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS DESIRED ☐ — $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

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 FL Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Barbara A Burke Date: 1-7-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	~~JAY ALIX & ASSOCIATES INC~~ ALIX PARTNERS, LLC	~~4000~~ 2000 TOWN CENTER, STE ~~500~~ 2400	SOUTHFIELD MI 48075

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Mel Christiansen Date: 12/31/02 Daytime Phone #

Typed or printed name of signing Managing Member/Manager: MEL CHRISTIANSEN ALIX PARTNERS, LLC