Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000241930 3)))

H09000241930 3ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: See #10

CORPORATION REINSTATEMENT

LONGMAN ENTERPRISES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	~~$758.75~~

158.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 NOV 16 P 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 458145

1. Corporation Name

LONGMAN ENTERPRISES, INC.

CR2E081 (11/09)

$ 158.75

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1341 W Newport Center Dr	24800 Denso Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 255
City & State: Deerfield Beach, FL	City & State: Southfield, MI
Zip: 33442 Country: U.S.A.	Zip: 48033 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 09/27/1974

5. FEI Number: 59-1586186 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Charge

7. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.: 1200 S PINE ISLAND ROAD

City: PLANTATION State: FL Zip Code: 33324

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Kristine Heiberger

REGISTERED AGENT MUST SIGN Assistant Secretary

Date: 11/13/09

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	Charles Tornabene	1341 W. Newport Center Dr	Deerfield Beach, FL 33442
VPT	Scott Gibarata	24800 Denso Dr. Ste. 255	Southfield, MI 48033
VP	Richard Snell	24800 Denso Dr. Ste. 255	Southfield, MI 48033
VPS	Dan Dickinson	1455 Pennsylvania Ave, NW, Ste 350	Washington, DC 20004

REINSTATEMENT

2009

10. E-mail Address: jkozlowski@qualitorinc.com
(To be used for future annual report notification)

11. 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. I further certify, 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: _____ 11/13/2009 248 304 9602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #