

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 FEB 12 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900002087279--3
-02/13/97--01113--010
***1088.75 ***1088.75

DOCUMENT # 837047

1. Corporation Name

Industrial Communication Co.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

414 Live Oaks Blvd.

Suite, Apt. #, etc.

City & State

Casselberry, FL

Zip

32707-3830

Country

U.S.

3. New Mailing Office Address, If Applicable

P.O. Box 930299

Suite, Apt. #, etc.

City & State

Wixom, MI

Zip

48393

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

9/20/1976

5. FEI Number

38-1887705

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| P | Uffner, Rodney | 11309 Shadywood Drive | Brighton, MI 48116 |
| V | Shuart, Frederick J. | 1418 Lomas Verdes | Rochester, MI 48064 |
| VP/S/T | Wray, Karen T. | 24303 Scarlet Court | Novi, MI 48374 |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 95-97
A. Allen

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Robert L. Sader

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

1901 West Cypress Creek Road

Suite, Apt. #, Etc.

Suite 415

City

Fort Lauderdale

State

FL

Zip Code

33309

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

Robert L. Sader
REGISTERED AGENT MUST SIGN

Date 2-10-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen T. Wray

2/10/97
Date

810-960-3700
Daytime Phone #

CR2E040 (12/96)