

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 17 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **851503**

1. Corporation Name

Amurcon Corporation

2. Principal Office Address

30215 Southfield Rd.

3. Mailing Office Address

30215 Southfield Rd.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Southfield MI

City & State

Southfield MI

Zip

48076-1361

Country

Oakland (USA)

Zip

48076-1361

Country

Oakland (USA)

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1981

SP

5. FEI Number

38-1947258

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

Martin, Willie M.

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

4854 Fisherman's Drive

Suite, Apt. #, Etc.

City

Coconut Creek

State
FL

Zip Code
33063

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

Willie M. Martin

Willie M. Martin

4/6/01

Date

REGISTERED AGENT MUST SIGN

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
Chairman	Erb, Fred	649 Edgemere Ct.	48304 Bloomfield Hills, MI
Vice Chairman	Silverman, Gilbert	32100 Telegraph	Bingham Farms, MI 48025
P	Manko, Gerald	820 Jonathan Lane	Bloomfield Hills, MI 48302
VT	Martin, Willie M.	29559 Meadowlane	Southfield, MI 48076
V	Morris, Kathryn J.	41570 Cornell	Novi, MI 48377
V	Catrinar, Lawrence J	1241 Hampshire	Canton, MI 48188

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:

Willie M. Martin

Willie M. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01 (248) 646-0202

Date

Daytime Phone #

CR2E081 (9/00)