

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

**REINSTATEMENT 00-01**

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**

000004064940--2  
-04/24/01--01100--019  
\*\*\*300.00 \*\*\*300.00

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**

REGISTERED AGENT MUST SIGN

**4/6/01**

Date

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)