

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 AUG 12 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000001543

1. Corporation Name

ONSTAR CORPORATION

Principal Place of Business

Mailing Address

1400 STEPHENSON HIGHWAY
TROY MI 48083

1400 STEPHENSON HIGHWAY
TROY MI 48083

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

38-3506814

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
V	William & Ball	1400 STEPHENSON HIGHWAY 300 Renaissance Center	TROY MI 48083 Detroit, MI 48265
V S	COHEN, JEFFREY B. BARBARA A. LISTER-TAIT	1400 STEPHENSON HIGHWAY 300 Renaissance Center	TROY MI 48083 Detroit, MI 48265
V	ENBORG, KENNETH B	1400 STEPHENSON HIGHWAY	TROY MI 48083
V	HYDE, JONATHAN G	1400 STEPHENSON HIGHWAY	TROY MI 48083
V	PAYNE, GREGORY A	1400 STEPHENSON HIGHWAY	TROY MI 48083
P	HUBER, CHET A	1400 STEPHENSON HIGHWAY	TROY MI 48083

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)

Suite, Apt. #, Etc.

City

State

Zip Code

700007113777--5

-08/14/02--01070--001

***900.00 ***900.00

FL

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.

Jennifer L. Gollbach
Asst. Secretary

Signature of
Registered Agent

[Signature] **SIGNATURE REQUIRED**

Date

8/6/02

REGISTERED AGENT MUST SIGN

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/1/2002

313-665-4833

CR2E040 (8/01)