

2004AR

#350

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN -8 AM 8:00

DOCUMENT # F00000006843

1. Corporation Name

Monroe Engineering Products, Inc.

2. Principal Office Address

22023 US Hwy 19N #27
Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33765

Country

USA

3. Mailing Office Address

28213 Van Dyke
Suite, Apt. #, etc.

City & State

Warren, MI

Zip

48093

Country

USA

200037757212
06/08/04--01011--007 **1800.00

MRS

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/00

5. FEI Number

38-1880498

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301

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

Date

4/26/04

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
CEO	Christopher L. Morin	28213 Van Dyke	Warren, MI 48093
P	Garrett Morelock	36400 Woodward,	Bloomfield Hills, MI 48304
T	Jay J. Hansen	28213 Van Dyke	Warren, MI 48093
V/D/S	Michael C. Azar	28213 Van Dyke	Warren, MI 48093

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:

Michael C. Azar

Michael C. Azar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/5/04

(586) 751-5600

Daytime Phone #

CR2E081 (01/04)