

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000001287

1. Corporation Name

REMEDATION AND LIABILITY MANAGEMENT COMPANY, IN
C.

Principal Place of Business

300 RENAISSANCE CENTER
DETROIT MI 48265-3000

Mailing Address

300 RENAISSANCE CENTER, MC 482-614-666
DETROIT MI 48265-3000



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/2001

5. FEI Number

38-2529430

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 3	City / State / Zip 4
PC	MCFARLAND, WILLIAM J	485 W. MILWAUKEE 1996 Technology Dr. MC: 483-619-356 Troy, MI 48063	DETROIT MI 48202
*S	BROPHY, MARLENE BARBARA A. Lister-TAIT	300 RENAISSANCE CENTER Detroit, MI 48265	DETROIT MI 48265
V	CAUFIELD, JEAN E	485 W. MILWAUKEE 1996 Technology Dr. MC: 483-619-356 Troy, MI 48063	DETROIT MI 48202
V	CULLEN, MATTHEW P	200 RENAISSANCE CENTER	DETROIT MI 48265
V	DEDYNE, MARILYN J	485 W. MILWAUKEE 1996 Technology Dr. MC: 483-619-356 Troy, MI 48063	DETROIT MI 48202
V	DZIECHACIARZ, VINCENT G	485 W. MILWAUKEE 1996 Technology Dr. MC: 483-619-356 Troy, MI 48063	DETROIT MI 48202

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

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. or 617.0505, F.S.

Signature of
Registered Agent

Jennifer L. Gollbach
Asst. Secretary

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/20/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/2002 (313)665-3982
Date Daytime Phone #

CR2E040 (8/02)