

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 NOV 29 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000006197

1. Corporation Name
Crown of Michigan, Inc.

12225 Stephens
12225 Stephens

2. Principal Office Address
12225 Stephens

3. Mailing Office Address
12225 Stephens

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Warren, MI

City & State
Warren, MI

Zip
48089-2010

Country
USA

Zip
48089-2010

Country
USA

REINSTATEMENT 04

4. Date Incorporated or Qualified
To Do Business in Florida 12/15/03

5. FEI Number
38-2942586

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
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd.

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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

Claudia L. Saafi

Claudia L. Saafi
Asst. Secretary

11/9/04

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
P & D	Gregory E. Burcz	12225 Stephens	Warren, MI 48089-2010
VP, S, D	Fred P. Calderone	12225 Stephens	Warren, MI 48089-2010

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11/29/04--01061--007 **750.00

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:

Gregory E. Burcz GREGORY E. BURCZ, PRES.

11.2.04

1.586.939.7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E08 (01/04)