


## 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F03000006197</b> 1. Entity Name <b>CROWN OF MICHIGAN, INC.</b>						<b>FILED</b> <b>07 OCT 18 AM 10:39</b> DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 12225 STEPHENS WARREN, MI 48089-2010		Mailing Address 12225 STEPHENS WARREN, MI 48089-2010					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>38-2942586</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				10/19/07 REINSTATEMENT 2008 (1/07) <u>07</u>			
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b>		Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BURCZ, GREGORY E 12225 STEPHENS WARREN, MI 480892010	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT + ASST SEC THOMAS J. HOWLETT 12225 STEPHENS WARREN, MI 48089 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD CALDERONE, FRED P 12225 STEPHENS WARREN, MI 480892010	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE - PRESIDENT, CH. TREASURER KEN STOPCZYNSKI 12225 STEPHENS WARREN, MI 48089 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY + DIRECTOR F.P. CALDERONE 12225 STEPHENS WARREN, MI 48089 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>10/10/07</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>XXXXXXXXXX-XXXX-XXXX-XXXX-00</del>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000111014560 10/19/07 -- 01053 -- 017 *\$150.00			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>[Signature]</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>K.E. STOPCZYNSKI, CFO</b>		Date <b>10/10/07</b>		Daytime Phone # <b>586-939-7000</b>	