

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 JAN 24 AM 11:14


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

04-05



01172005 REIN-P CR2E098 (6/04)

DOCUMENT # F96000006376					
1. Entity Name WALBRIDGE ALDINGER COMPANY					
Principal Place of Business 613 ABBOTT ST DETROIT, MI <del>59226-2521</del> 48226			Mailing Address 613 ABBOTT ST DETROIT, MI <del>59226-2521</del> 48226		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 38-1141440				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL 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 <i>Claudia L. Saari</i>			Claudia L. Saari Asst. Secretary		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered agent must be a resident of the State of Florida.)		
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS					
TITLE	DC	<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAKOLTA, JOHN JR		NAME	Thomas Dyre	
STREET ADDRESS	613 ABBOTT ST		STREET ADDRESS	613 Abbott St.	
CITY-ST-ZIP	DETROIT, MI <del>59226-2521</del> 48226		CITY-ST-ZIP	Detroit, MI 48226	
TITLE	CEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAKOLTA, JOHN JR		NAME		
STREET ADDRESS	613 ABBOTT ST		STREET ADDRESS		
CITY-ST-ZIP	DETROIT, MI 48226		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEANGELIS, VINCE		NAME		
STREET ADDRESS	613 ABBOTT ST		STREET ADDRESS		
CITY-ST-ZIP	DETROIT, MI 48226		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSMANN, RONALD		NAME		
STREET ADDRESS	613 ABBOTT ST		STREET ADDRESS		
CITY-ST-ZIP	DETROIT, MI 48226		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLER, RICHARD		NAME		
STREET ADDRESS	613 ABBOTT ST		STREET ADDRESS		
CITY-ST-ZIP	DETROIT, MI 48226		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLER, MICHAEL		NAME		
STREET ADDRESS	613 ABBOTT ST		STREET ADDRESS		
CITY-ST-ZIP	DETROIT, MI 48226		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Thomas Dyre</i>			1-21-2005 (313) 442-1335		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		