PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 JAN 15 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000003628

1. Corporation Name

FEDERATED CAPITAL CORPORATION

000028280510
02/05/04--01031--019 **750.00

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
30955 NORTHWESTERN HIGHWAY	30955 NORTHWESTERN HIGHWAY
Suite, Apt. #, etc.	Suite Apt. #, etc.
City & State: FARMINGTON HILLS, MI	City & State: FARMINGTON HILLS, MI
Zip: 48334 Country: USA	Zip: 48334 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/11/1997

5. FEI Number: 38-3338119 ☐ 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: NRAI SERVICES INC.

Street Address (P.O. Box Number is Not Acceptable): 528 E PARK AVENUE

000028280510
02/05/04--01031--020 **150.00

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: Alison Hand ~ ASST SEC Date: 1/14/04

REGISTERED AGENT MUST SIGN

CR2E051 (1-00)

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 Officers and/or Director	City/State/Zip
P	VERNON K. SCHROEDER	30955 NORTHWESTERN HIGHWAY	FARMINGTON HILLS, MI 48334
VS	MARK G. FECHER	30955 NORTHWESTERN HIGHWAY	FARMINGTON HILLS, MI 48334
V	ROY E. MOORE	30955 NORTHWESTERN HIGHWAY	FARMINGTON HILLS, MI 48334

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: Vernon K. Schroeder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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