

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 NOV 30 AM 11:43

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F97000004637**

1. Corporation Name

O/E FLORIDA OF ORLANDO, INC.

Principal Place of Business

Mailing Address

3290 W BIG BEAVER
 TROY MI 48084

3290 W BIG BEAVER
 TROY MI 48084

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 98

4. Date Incorporated or Qualified To Do Business in Florida

09/04/1997

5. FEI Number

38-3335260

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	KEDZIOR, STEVEN R	3290 W BIG BEAVER	TROY MI 48084
VTD	IAQUINTO, ANTHONY	3290 W BIG BEAVER	TROY MI 48084
S	NEWHARD, JAMES A	3290 W BIG BEAVER	TROY MI 48084
CD	VLASIC, RICHARD R	3290 W BIG BEAVER	TROY MI 48084
D	BUELL, MICHAEL G	3290 W BIG BEAVER	TROY MI 48084
D	VLASIC, PAUL A.	3290 W. BIG BEAVER	TROY MI 48084

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) **800002703378--8**
 Suite, Apt. #, Etc. **-12/04/98--01073--007**
 City *****750.00 ***750.00**
 State **FL** Zip Code

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.

Signature of Registered Agent

SIGNATURE REQUIRED
 MARC GULLIS REGISTERED AGENT MUST SIGN ASST VP

Date

11-17-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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 REQUIRED
 Anthony Iaquinto
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(248) 643-6987

Date Daytime Phone #

CR2E040 (8/98)