

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 DEC 31 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000005442

1. Corporation Name

CMS TEXON COMPANY

Principal Place of Business

Mailing Address

FAIRLANE PLAZA SOUTH, STE. 1100
330 TOWN CENTER DR.
DEARBORN MI 48126

FAIRLANE PLAZA SOUTH, STE. 1100
330 TOWN CENTER DR.
DEARBORN MI 48126

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

38-3362591

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DCP	FRYLING, VICTOR J	330 TOWN CENTER DR., STE. 1100	DEARBORN MI 48126
VCP	SCHIVLEY, WILLIAM W	330 TOWN CENTER DR., STE. 1100	DEARBORN MI 48126
ST	MCNISH, THOMAS A	330 TOWN CENTER DR., STE. 1100	DEARBORN MI 48126
C	WOOLLEY, TERRY A	330 TOWN CENTER DR., STE. 1100	DEARBORN MI 48126
AS	NORKEY, JOYCE H	212 WEST MICHIGAN AVE.	JACKSON MI 49201

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

REINSTATEMENT

Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

4000002735704-1

01/08/98-01122-020

City

***750

State

***750.00

FL

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

Barbara A. Burke
REGISTERED AGENT MUST SIGN

REQUIRE BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

12-30-98

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joyce H. Norkey

12/29/98

Date

Daytime Phone #

517-788-1031