

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 AUG -6 AM 8:51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F97000005442**

1. Corporation Name

CMS Texon Company

400002953934--3

08/13/99--01112--001

******750.00 ****750.00**

Principal Place of Business

Mailing Address

**Fairlane Plaza South, Ste. 1100
 330 Town Center Dr.
 Dearborn MI 48126**

**212 W. Michigan Ave, M-440
 Jackson MI 49201**

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

REINSTATEMENT **99** ²

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/16/1997	
City & State		City & State		5. FEI Number	
Zip		Country		38-3362591	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DCP	Victor J. Fryling	330 Town Center Dr., Ste. 1100	Dearborn MI 48126
VP	William W. Schivley	330 Town Center Dr., Ste. 1100	Dearborn MI 48126
ST	Thomas A. McNish	330 Town Center Dr., Ste. 1100	Dearborn MI 48126
C	Terry A. Woolley	330 Town Center Dr., Ste. 1100	Dearborn MI 48126
AS	Joyce H. Norkey	212 West Michigan Ave.	Jackson MI 49201

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CT Corporation 1200 South Pine Island Road Plantation FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc City State 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: *Barbara A. Burke* **BARBARA A. BURKE**
 SPECIAL ASSISTANT SECRETARY
 REGISTERED AGENT MUST SIGN

Date: **7.28.99**

11. This corporation owes 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 upon 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)(j), 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:

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

Joyce H. Norkey

8-2-99

Date

517-788-8933

Daytime Phone #

CH2E001 (12/98)