

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F97000006262

1. Corporation Name

SUPERIOR CONSULTANT HOLDINGS CORPORATION

Principal Place of Business

4000 TOWN CENTER, STE. 1100  
SOUTHFIELD MI 48075

Mailing Address

~~4000 TOWN CENTER, STE. 1100~~  
~~SOUTHFIELD MI 48075~~

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/25/1997

5. FEI Number

38-3306717

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
PD CEO/CFO	HELPPIE, RICHARD D JR.	4000 TOWN CENTER, STE. 1100	SOUTHFIELD MI 48075
FWAG V/T/AS/CEO	HOUSE, JAMES T	4000 TOWN CENTER, STE. 1100	SOUTHFIELD MI 48075
VS V/S/CAO	SYNOR, SUSAN M	4000 TOWN CENTER, STE. 1100	SOUTHFIELD MI 48075
VD V/GC/D	SASLOW, RICHARD	4000 TOWN CENTER, STE. 1100	SOUTHFIELD MI 48075
V P/COO	RUTH, DOUGLAS W Tashiro, Robert	4000 TOWN CENTER, STE. 1100	SOUTHFIELD MI 48075
V VE/VE/D	GUNNINGHAM, BARBARA Bracken, Charles O.	4000 TOWN CENTER, STE. 1100	SOUTHFIELD MI 48075

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)  
Suite, Apt. #, Etc.  
City

REINSTATEMENT 99  
DATE 10/25/99  
FEI 38-3306717

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

Claudia L. Spari, Asst. Secretary  
REGISTERED AGENT MUST SIGN

Date 10/25/99

11. 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:

James T. House  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/99 (248) 386-3300  
Date Daytime Phone #

James T. House CFO

F97 — 6262

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**Superior Consultant Holdings Corporation  
Florida Application for Reinstatement - Attachment**

**Block 7 Continued -**

<b>Title(s)</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City/State/Zip</b>
D	Ballantyne, Reginald III	1201 S. 7th Ave. P.O. Box 21207	Phoenix, AZ 85036
D	George, Kenneth S.	5220 McKinney Ave, Suite 200	Dallas, TX 75206
D	Koop, C. Everett M.D.	2300 18th Street NW	Washington, DC 20009
D	Lachner, Bernard	119 E. Laurel Ave.	Lake Forest, IL 60045
D	Peters, Douglas	259 Radnor-Chester Road, Suite 290	Radnor, PA 19087-5288
D	Silverman, John L.	4872 Reservoir Road NW	Washington, DC 20007

