

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 26 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F990000004817**

1. Corporation Name

CABP, Inc.

100012778791
02/19/03--01008--021 **300.00

2. Principal Office Address
4820 West Colter Street

Suite, Apt. #, etc.

City & State

Glenidale, AZ

Zip

85301

Country

USA

3. Mailing Office Address

2300 Harmon Road

Suite, Apt. #, etc.

City & State

Auburn Hills, MI

Zip

48326

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 09/20/99

5. FEL Number
86-0814627

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code

33324

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

[Signature]
REGISTERED AGENT MUST SIGN

James A. Bordonaro
Assistant Secretary

11/21/02

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 Officer and/or Director	City / State / Zip
	SEE ATTACHMENT		

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan L. Schlang, Secretary

11/20/02

248 340-2170

Date

Daytime Phone #

CR2E081 (3/01)

OFFICERS AND DIRECTORS
OF
CABP, INC.

2nd 2

Directors:

<u>Name</u>	<u>Home Address</u>
Duane H. Faulkner	102 Stonebrook Way Greenville, SC 29615
Norman Hancock	802 E. Missouri #135 Phoenix, AZ 85014
Robert Richardson	23121 N. 71st Drive Glendale, AZ 85310

Officers:

<u>Name</u>	<u>Title</u>	<u>Home Address</u>
Robert Richardson	President	23121 N. 71st Drive Glendale, AZ 85310
R. Steven Robins	Vice President	1037 Shiloh Circle Easley, SC 29642-8320
Norman Hancock	Treasurer & Secretary	802 E. Missouri #135 Phoenix, AZ 85014
E. Ann Waichunas	Assistant Treasurer	8099 Woodstone Court Grand Glanc, MI 48439
Katherine C. Castillo	Assistant Treasurer	3948 Cherokee Court Oxford, MI 48370
Gary W. Greene	Assistant Treasurer	5459 Claridge West Bloomfield, Michigan 48322
William R. Armstrong	Assistant Treasurer	15 Coachman Drive Taylors, SC 29687
Alan L. Schlang	Assistant Secretary	30598 East Lincolnshire Birmingham, Michigan 48025