2005 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

FILED DOCUMENT # F99000005616 05 JUL 12 PM 1: 11 WORLD WIDE FINANCIAL SERVICES, INC. SLURLIAKY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 26500NORTHWESTERN HWY 26500NORTHWESTERN HWY 4TH FLOOR SUITE 310 4TH FLOOR SUITE 310 SOUTHFIELD, MI 48076 SOUTHFIELD, MI 48076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05232005 REIN-P CR2E098 (6/04) City & State City & State 4. FEI Number Applied For 38-2949962 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLORIDA COMPLIANCE SPECIALISTS Street Address (P.O. Box Number is Not Acceptable) 2331 HANSEN PLACE TALLAHASSEE, FL City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Howard M-Babcock, V.P. Il applicable. (NOTE: Registered Agent signature require 7-11-05 SIGNATURE FILE NOW!!! FEE IS \$900.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEO TITLE ☐ Delete TITLE ☐ Change ☐ Addition WOLFE, JACK B NAME NAME 26500 NORTHWESTERN HWY 4TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SOUTHFIELD, MI 48076 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME JACOB, ANDREW C NAME 100056578781 06/28/05--01003--009 ***900.00 STREET ADDRESS 26500 NORTHWESTERN HWY 4TH FLOOR STREET ADDRESS CITY-ST-ZIP SOUTHFIELD, MI 48076 CITY-ST-ZIP **CFO** TITLE ☐ Delete TITLE ☐ Change Addition NAME BABCOCK, HOWARD M 26500 NORTHWESTERN HWY 4TH FLOOR STREET ADDRESS STREET ADDRESS SOUTHFIELD, MI 48076 CITY-ST-ZIP CITY-ST-ZIP TITLE FXVP Delete TITLE Change Addition NAME BABCOCK, HOWARD M NAME STREET ADDRESS 26500 NORTHWESTERN HWY 4TH FLOOR STREET ADDRESS CITY-ST-7IP SOUTHFIELD, MI 48076 CITY-ST-ZIP TITLE coo ☐ Delete 1ITLF ☐ Change ☐ Addition NAME SILVERSTEIN, ROBERT S NAME 26500 NORTHWESTERN HWY 4TH FLOOR STREET ADDRESS STREET ADDRESS SOUTHFIELD, MI 48076 CITY-ST-ZIP CITY-ST-ZIP TITLE **FXVP** ☐ Delete TITLE Change ☐ Addition NAME SILVERSTEIN, ROBERT \$ NAME STREET ADDRESS 26500 NORTHWESTERN HWY 4TH FLOOR STREET ADDRESS CITY-ST-ZIP SOUTHFIELD, MI 48076 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. changed, or on an attachment with an address HOWard M. Balaccack 6-24-05 248-936-6003 Date Date Dayline Proce