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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 11 AM 8:43

1. DOCUMENT # L00000012889

Name and Mailing Address

0016372 01 MB 0.30S \*\*AUTO TO 0 0615 48236-374030

INTERPLANE LLC  
30 LEE GATE LANE  
GROSSE POINTE FARMS MI 48236-3740



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/23/2000	
Principal Place of Business 39440 SOUTH AVENUE ZEPHYRHILLS FL 33540	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3677083	Applied For Not Applicable
8. Name and Address of Current Registered Agent DAWSON, BENJAMIN H 39440 SOUTH AVENUE ZEPHYRHILLS FL 33540		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name <u>RALPH J. MANDARINO</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>39440 SOUTH AVENUE</u>	
		City <u>ZEPHYRHILLS, FL</u> Zip Code <u>33540</u>	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent		Date <u>3/7/05</u>	
SIGNATURE REQUIRED		REGISTERED AGENT MUST SIGN	
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	INTERPLANE USA LLC & RALPH J. MANDARINO	30 LEE GATE LANE	GROSSE POINTE FARMS MI 48236
	MANDARINO		
REINSTATEMENT 03-05			
988			
800048849308			
03/22/05--01028--016 **255.00			
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager		Date <u>3/7/05</u> Daytime Phone # <u>852 3400</u>	
SIGNATURE REQUIRED		313	
Typed or printed name of signing Managing Member/Manager			

CR2EQ34 (7/03)