

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

01 NOV -8 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000000802

1. Limited Liability Company's Name

FCAL, LLC

2. Principal Office Address

One American Road

Suite, Apt. #, etc.

City & State

Dearborn, MI

Zip

48126

Country

U.S.A.

3. Mailing Office Address

One American Road

Suite, Apt. #, etc.

City & State

Dearborn, MI

Zip

48126

Country

U.S.A.

4. State/Country of Formation

Delaware, U.S.A.

5. Date Organized or Qualified

To Do Business in Florida
April 19, 2000

6. FEI Number

38-3630581

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED XX

\$9.00 Additional Fee required
for a Certificate of Status

8. 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

000004686140-7

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***155.00 ***155.00

9. 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

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date *11-8-01*

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	James W. Bosscher	One American Road	Dearborn, MI 48126
MGR	Kevin P. Burns	400 West Main Street, Ste. 338	Babylon, NY 11702
MGR	Andrew L. Stidd	400 West Main Street, Ste. 338	Babylon, NY 11702
MGR	Susan J. Thomas	One American Road	Dearborn, MI 48126
MGR	Stacy P. Thomas	One American Road	Dearborn, MI 48126

11. 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

Susan J. Thomas

Date *11/05/01*

Daytime Phone # (313) 594-9876

Typed or printed name of signing Managing Member/Manager

Susan J. Thomas, Manager

CR2E041 (9/01)

REINSTATEMENT 2001