

APPLICATION
FOR
REINSTATEMENT

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2003-2004

2. New Mailing Address		4. State/Country of Formation MI	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/09/2002	
Principal Place of Business 26200 AMERICAN DRIVE, SUITE 400 SOUTHFIELD MI 48034-6173		6. FEI Number 38-3460430 Applied For Not Applicable	
3. New Principal Place of Business Address City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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) City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with the obligations of Chapter 608, F.S. Signature of Registered Agent <i>[Signature]</i> 100031296311 03/29/04--01008--005 **50.00 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager 100031296311 03/29/04--01008--005 **150.00			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	
MGRM	BAUTERS, JAMES J	26200 AMERICAN DRIVE, SUITE 400 SOUTHFIELD MI 48034-6173	
MGRM	CAUGHLIN, TIMOTHY	26200 AMERICAN DRIVE, SUITE 400 SOUTHFIELD MI 48034-6173	
MGRM	FOLLMER, GORDON R	26200 AMERICAN DRIVE, SUITE 400 SOUTHFIELD MI 48034-6173	
MGRM	FRABOTTA, ANTHONY R	26200 AMERICAN DRIVE, SUITE 400 SOUTHFIELD MI 48034-6173	
MGRM	MARKEY, DANIEL P	26200 AMERICAN DRIVE, SUITE 400 SOUTHFIELD MI 48034-6173	
MGRM	RUDZEWICZ, JOHN J	26200 AMERICAN DRIVE, SUITE 400 SOUTHFIELD MI 48034-6173	
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 <i>[Signature]</i> 586-254-1040 Date 1-24-04 Daytime Phone# 254 X-305			
Typed or printed name of signing Managing Member/Manager			