

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # M97000000245

Name and Mailing Address

02 NOV -6 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0004211 01 FP 0.352 \*\*PRSR T3 0 0615 33431-487899



EVANS & LUPTAK, P.L.C.  
4700 N.W. BOCA RATON BLVD., 4TH FL.  
BOCA RATON FL 33431-4878



<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> MI	
<b>3. New Principal Place of Business Address</b> Principal Place of Business 4700 N.W. BOCA RATON BLVD., 4TH FL. BOCA RATON FL 33431 City, State, Zip		<b>5. Date Organized or Qualified To Do Business in Florida</b> 04/29/1997	
<b>6. FEI Number</b> 38-3140253		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b> JAKOBSON, MARKUS ESQ. 4700 N.W. BOCA RATON BLVD., 4TH FL. BOCA RATON FL 33431		<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 400008834434 11/06/02--01114--004 **150.00 City FL Zip Code	
<b>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.</b> Signature of Registered Agent <i>[Signature]</i> Date 11.04.02 REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MEHR, MICHAEL J	535 BRISWOLD STREET, SUITE 2500 7457 FRANKLIN RD. Suite 250	DETROIT MI 48228 Bloomfield Hills, MI 48301
MGRM	CLARKSON, KENNETH J	535 BRISWOLD STREET, SUITE 2500 7457 FRANKLIN RD. Suite 250	DETROIT MI 48228 Bloomfield Hills, MI 48301
			AL
<b>REINSTATEMENT 2002</b>			

CR2E084 (8/02)

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 10/29/02

Daytime Phone #

748.406.5100

Typed or printed name of signing Managing Member/Manager

KENNETH J CLARKSON