

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris,**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 16 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000070281

**1. Corporation Name** Affinity Business Services, Inc.

**2. Principal Office Address**

5825 US Hwy 27 North

Suite, Apt. #, etc.

City & State

Sebring, FL

Zip

33870

Country

USA

**3. Mailing Office Address**

755 W. Big Beaver

Suite, Apt. #, etc.

Suite 1700

City & State

Troy, MI

Zip

48084

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/24/00

**5. FEI Number**

38-3547703

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Capital Connection, Inc

Street Address (P.O. Box Number is Not Acceptable)

417 E. Virginia St

Suite, Apt. #, Etc.

Suite 1

City

Tallahassee

State

FL

Zip Code

32301

**8. If being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Stacey Legett*

REGISTERED AGENT MUST SIGN

Date 11/16/01

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Chr.	John W. Burcham, II	755 W. Big Beaver, Ste 1700	Troy, MI 48084
Pres.	Craig A. Vanderburg	755 W. Big Beaver, Ste 1700	Troy, MI 48084
Sec/Tres.	James E. Baiers	755 W. Big Beaver, Ste 1700	Troy, MI 48084

REINSTATEMENT

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**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:**

*James E. Baiers* **James E. Baiers**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/12/01

Daytime Phone #

248-269-9600

CR2E081 (9/00)