CORPORATION	
REINSTATEMENT	•



## FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT#** 

1. Corporation Name

COLASANTI N.C., INC.

FILED 02 FEB 15 AM 9: 20

2. Principal Office Address			3. Mailing Office Addre	988	8000050249285 -02/27/0201087032	5	
24500 Wood Court		24500 Wood Court		****150.00 ****150.00	1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
		المرابعة والمستونيونية وبراها		4. Date Incorporated or Qualified: To Do Business in Florida 12/29/83			
City & State		City & State					
Macomb Township, MI		Macomb Township, MI		5. FEI Number Applied For y Not Applied	le		
Zip		Country	Zip	Country	6		
480	042	USA	48042	USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requirements for a Certificate of Statu	5 5	
	7. Name and Address of Current Registered Agent				tered Agent		
* :	Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road						
-				THE REPORT OF A PROPERTY OF	*		
į				REMSTATEMENT 96-0	<u>C</u>		
Suite, Apt. #, Etc.			800005024928+-5	5			
	City	Plantation			State 02267202 - 01897 - 033 FL ***1500 00 ***1500.08		

8. I, 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 REGISTERED AGENT MUST SIGN

Jennifer L. Gollbach

Asst. Secretary

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
res_	Christopher J. Colasanti	24500 Wood Court	Macomb Twp., MI 48042
/.P.	Carey Colasanti	24500 Wood Court	Macomb Twp., MI 48042
1.P.	Keith Colasanti	24500 Wood Court	Macomb Twp., MI 48042
1.P.	Robert Aj Rutherford	24500 Wood Court	Macomb Twp., MI 48042
iec/ ireas.	Donald W. Kosnik	24500 Wood Court	Macomb Twp., MI 48042
1			

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 filling 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. T BROWN FEB 1 8 2002

SIGNATURE: 4

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR